Statement of Organization					Pate Stamp	CALIFO	ORNIA 110
Recipient Committee					LOLIVLD	FOR	M 410
Statement Type	☐ Initial ☐ Not yet qualified ☐ or ☐ Date qualification threshold me	Amendment Date qualification threshold met 10 / 19 / 2013	Termination — See Part Date of termination	J. J	UN 2 2 2022 of Redwood City City Clerk	Fe	or Official Use Only
1. Committe	e Information I.D. Numb	per 1357417	2. Treasurer ar	nd Other	Principal Officer	'S	公本建筑。 加京
NAME OF COMMITTEE	(if epplicable)		NAME OF TREASURER				
Diane Howard for Redwood City Council 2022 District 6			Lorianna Kastrop)			
			STREET ADDRESS (NO P.O. BO	OX)			
STREET ADDRESS (NO P.C	D. BOX)		СІТУ		STATE	Z IP CODE	AREA CODE/PHONE
			Redwood City		CA	94063	
CITY	STATE 21	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	URER, IF ANY			
Redwood City	CA 9	4062					
FULL MAILING ADDRESS	(IF DIFFERENT)		STREET ADDRESS (NO P. O. B	OX)			
E MAIL ADDRESS (REQUI	IRE D) / FAX (OPTIONAL)		CITY		STATE	ZIP CODE	AREA CODE/PHONE
dianehoward90	7@gmail.com						
COUNTY OF DOMICILE	JURISDICTION WHERE O	OMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICE	ER(S)			
San Mateo Redwood City, CA							
	1		STREET ADDRESS (NO P.O. BO	iox)			
Attach addition	al information on appropriately	labeled continuation sheets.	спу		STATE	ZIP CODE	AREA CODE/PHONE
3. Verification	on and the second			是 数1.00			
Service Control of the Control of th		g this statement and to the best of	my kanydadan the infer		tained begain is tou	and some lat	WEND RESIDEN
		of California that the foregoing is tr		mation con	tained herein is tru	e and complet	e. certity under
06/	/21/2022	25.	de and correct.				
Executed on	DATE By	75	TURE OF TREASURER OR ASSISTANT TR	OF A CILIDED			
Executed on06/	/21/2022 DATE BY	Juane SIGNATURE OF CONTROLL	WASSIFIER OR ASSISTANT OR S		ROPONENT		
Executed on	By	SIG NATURE OF CONTROLLI	NG OFFICEHOLDER, CANDIDATE, OR ST				
Executed on	DATE By	SIGNATURE OF CONTROLL	NG OFFICEHOLDER, CANDIDATE, OR S	STATE MEASURE PI	ROPONENT		

FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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Recipient Committee INSTRUCTIONS ON REVERSE							FORM 410			
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Diane Howard for Redwood City Council 2022 District 6						1357417				
All committees must list the financial institution where the call.	mpaign ba	nk account is located.								
NAME OF FINANCIAL INSTITUTION	AREA C	DDE/PHONE BANK ACCOUNT NUMBER								
San Mateo Credit Union	650-	363-1725	3211748	74851-150000759607						
ADDRESS	CITY		STATE	Z	P CODE					
575 Middlefield Road	Redv	vood City	CA		94063					
4. Type of Committee Complete the applicable sections.										
Controlled Committee										
 List the name of each controlling officeholder, candidate, or sta- also list the elective office sought or held, and district number, in 	te measure f any, and t	proponent. If candid the year of the election	date or officeholder n.	controlled	,					
 List the political party with which each officeholder or candidate 	e is affiliate	ed or check "nonpartis	an." Stating "No pa	arty prefere	ence" is accep	otable				
If this committee acts jointly with another controlled committee	e, list the n	ame and identification	n number of the oth	ner control	ed committe	e.				
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(ELECTIVE OFFICE SOUGHT OR HELD YEAR OF PART NCLUDE DISTRICT NUMBER IF APPLICABLE) ELECTION CHECK OF								
Diane Howard	Redwoo	d City Council Distric	ity Council District 6		Nonpartisan	Partisan	(list political par	ty below)		
					Nonpartisan	Partisan	(list political par	ty below)		
Primarily Formed Committee Primarily formed to support or o	ppose spec	cific candidates or me	asures in a single el	ection. Lis	t below:					
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)					CHECK	ONE				
							SUPPORT	OPPOSE		
							SUPPORT	OPPOSE		

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INSTRUCTIONS ON REVERSE					Page 3		
Diane Howard for Redwood City	Council 2022 District 6				D. NUMBER 1357417		
4. Type of Committee	(Continued)			t in was			
General Purpose Committee	Not formed to support or oppose specific ca ✓ CITY Committee	andidates or measures in a si DUNTY Committee	ngle election. Check o				
PROVIDE BRIEF DESCRIPTION OF ACTIVITY							
I am running for re-election to the	e Redwood City Council in 2022 in District 6.						
Sponsored Committee List a	additional sponsors on an attachment.						
NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPO	NSOR				
STREET ADDRESS NO. AND STREE	СІТУ		STATE	ZIP CODE	AREA CODE/PHON	ε	
Small Contributor Committee	П						

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 -89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.