1. Statement Covers Calendar Year 20__.

2. Officeholder or Candidate Information
   - Name: Paul Idesby Foster
   - Street Address: 210 S Eaton St, San Bernardino 92408
   - PO Box: 1025
   - City: San Bernardino
   - State: CA
   - Zip Code: 92408
   - Phone Number: 909-383-2510

3. Office Sought or Held
   - Position: Council Member
   - District Number: 5

4. Committee Information
   List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>Committee Name and ID Number</th>
<th>Committee Address</th>
<th>Name of Treasurer</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td></td>
<td></td>
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</table>

5. Verification
   I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than $2,000 and that I will spend less than $2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

   Signed: ____________________________
   Date: July 6, 2021

   Signature: ____________________________
   City of San Bernardino