

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or List I.D. number: _____
 # _____ # 1390118
 08 / 15 / 2016 _____ / _____ / _____ # 12 / 31 / 2016
 Date qualified as committee Date qualified as committee Date of Termination
 (If applicable)

Date Stamp
 CITY OF DALY CITY CLERK
CALIFORNIA FORM 410
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 2017 JAN -4 P 1:59
RECEIVED

1. Committee Information **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
 DANA CLAIRE SMITH FOR DALY CITY COUNCIL 2016
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE
 DALY CITY CA 94014
 MAILING ADDRESS
 P.O. BOX _____ DALY CITY, CA 94017
 FAX / E-MAIL ADDRESS
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 SAN MATEO CITY OF DALY CITY

NAME OF TREASURER
 JUDITH CHRISTENSEN
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE
 DALY CITY CA 94014
 NAME OF ASSISTANT TREASURER, IF ANY
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE
 NAME OF PRINCIPAL OFFICER(S)
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12/31/2016 By _____
 DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on 12/31/2016 By _____
 DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT