# Statement of Organization Recipient Committee

**Statement Type**
- [ ] Initial
- [ ] Amendment
- [x] Termination – See Part 5

**List I.D. number:**
- Not yet qualified
- [ ] # 1390118

**Date qualified as committee:** 08/15/2016
**Date of Termination:** 12/31/2016

## 1. Committee Information

**NAME OF COMMITTEE:**
- DANA CLAIRE SMITH FOR DALY CITY COUNCIL 2016

**STREET ADDRESS (NO P.O. BOX):**
- DALY CITY, CA 94014

**CITY**
- DALY CITY
**STATE**
- CA
**ZIP CODE**
- 94014

**MAILING ADDRESS:**
- P.O. BOX
- LY CITY, CA 94017

**FAX/E-MAIL ADDRESS:**

**COUNTRY OF Domicile:**
- SAN MATEO
**JURISDICTION WHERE COMMITTEE IS ACTIVE:**
- CITY OF DALY CITY

Attach additional information on appropriately labeled continuation sheets.

## 2. Treasurer and Other Principal Officers

**NAME OF TREASURER:**
- JUDITH CHRISTENSEN

**STREET ADDRESS (NO P.O. BOX):**
- DALY CITY, CA 94014

**CITY**
- DALY CITY
**STATE**
- CA
**ZIP CODE**
- 94014

**NAME OF ASSISTANT TREASURER, IF ANY:**

**STREET ADDRESS (NO P.O. BOX):**

**CITY**
- DALY CITY
**STATE**
- CA
**ZIP CODE**
- 94014

**NAME OF PRINCIPAL OFFICER(S):**

**STREET ADDRESS (NO P.O. BOX):**

**CITY**
- DALY CITY
**STATE**
- CA
**ZIP CODE**
- 94014

**SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROONENT:**

**DATE:**
- 12/31/2016

**SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROONENT:**

**DATE:**
- 12/31/2016

**SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROONENT:**

**DATE:**

**SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROONENT:**

**DATE:**

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