Statement of Organization
Recipient Type: Initial

1. Committee Information
   NAME OF COMMITTEE: Committee to Elect Rod Daus-Magbual For Daly City Council 2018
   STREET ADDRESS (NO PO. BOX):
   CITY: Daly City
   STATE: CA
   ZIP CODE: 94014
   Mailing Address (if different):

2. Treasurer and Other Principal Officers
   NAME OF TREASURER: Michael Daus
   STREET ADDRESS (NO PO. BOX):
   CITY: Daly City
   STATE: CA
   ZIP CODE: 94014
   NAME OF ASSISTANT TREASURER, IF ANY: Roderick Daus-Magbual
   Mailing Address (if different):
   CITY: Daly City
   STATE: CA
   ZIP CODE: 94014
   NAME OF PRINCIPAL OFFICER(S):
   STREET ADDRESS (NO PO. BOX):
   CITY:
   STATE:
   ZIP CODE:

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.
   March 19, 2018
   EXECUTED ON: March 22, 2018
   EXECUTED ON: [DATE]
   EXECUTED ON: [DATE]
   EXECUTED ON: [DATE]

FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

**Committee Name**
Committee to Elect Rod Daus-Magbual For Daly City Council 2018

- All committees must list the financial institution where the campaign bank account is located.

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>First National Bank of Northern California</td>
<td>(650) 992-8800</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>6600 Mission Street</td>
<td>Daly City</td>
<td>CA</td>
<td>94014</td>
</tr>
</tbody>
</table>

**4. Type of Committee**
Complete the applicable sections.

*Controlled Committee*

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.

- List the political party with which each officeholder or candidate is affiliated or check “nonpartisan.” Stating “No party preference” is acceptable.

- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>CHECK ONE</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rod Daus-Magbual</td>
<td>Daly City Council</td>
<td>2018</td>
<td>☑</td>
<td>Nonpartisan</td>
</tr>
</tbody>
</table>

*Primarily Formed Committee*
Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME.</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>