## Statement of Organization

**Recipient Committee**

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

**I.D. Number**
- 1405043

**Committee Information**

**NAME OF COMMITTEE**

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

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

Ct

**CITY**

Daly City

**STATE**

CA

**ZIP CODE**

94014

**NAME OF TREASURER**

Michael Daus

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

Ct

**CITY**

Daly City

**STATE**

CA

**ZIP CODE**

94014

**NAME OF ASSISTANT TREASURER, IF ANY**

Roderick Daus-Magbual

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

Ct

**CITY**

Daly City

**STATE**

CA

**ZIP CODE**

94014

**JURISDICTION WHERE COMMITTEE IS ACTIVE**

San Mateo

Daly City, CA

**DATE QUALIFICATION THRESHOLD MET**

08 / 07 / 2018

**DATE OF TERMINATION**

/ / /

**FPPC Form 410 (August/2018)**

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

www.fppc.ca.gov

Attach additional information on appropriately labeled continuation sheets.

### 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**

01/08/2019

**By**

[Signature]

**AMT TREASURER**

[Signature]

**EXECUTED BY CONTROLLING OFFICER**

[Signature]

**EXECUTED BY CONTROLLING OFFICER**

[Signature]

**EXECUTED BY CONTROLLING OFFICER**

[Signature]
**Statement of Organization**

**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

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

**CALIFORNIA FORM 410**

**I.D. NUMBER**
1405043

- 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>Tri Counties Bank</td>
<td>(6)</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 PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rod Daus-Magbual</td>
<td>Daly City Council</td>
<td>2018</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>
</table>

FPPC Form 410 (August/2018)

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

www.fppc.ca.gov