

**Statement of Organization  
Recipient Committee**

**Statement Type**

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met <u>10/12/18</u>	Date of termination ____/____/____

Date Stamp <b>CITY OF DALY CITY CITY CLERK</b>  2018 OCT 12 A 11:06  <b>RECEIVED</b>	<b>CALIFORNIA FORM 410</b>  For Official Use Only
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<b>1. Committee Information</b>	<b>I.D. Number</b> <i>(if applicable)</i> 1055231	<b>2. Treasurer and Other Principal Officers</b>
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NAME OF COMMITTEE  
**Daly City Firefighters Political Action Committee**

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STREET ADDRESS (NO P.O. BOX)  
106

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CITY	STATE	ZIP CODE	AREA CODE/PHONE
Daly City	CA	94015	

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FULL MAILING ADDRESS (IF DIFFERENT)

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E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

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COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
San Mateo County	Daly City

NAME OF TREASURER  
**Nick Doyle**

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STREET ADDRESS (NO P.O. BOX)

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CITY	STATE	ZIP CODE	AREA CODE/PHONE
Daly City	CA	94015	

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NAME OF ASSISTANT TREASURER, IF ANY

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STREET ADDRESS (NO P.O. BOX)

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CITY	STATE	ZIP CODE	AREA CODE/PHONE

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NAME OF PRINCIPAL OFFICER(S)  
**Nick Gracia - President**

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STREET ADDRESS (NO P.O. BOX)  
200 Park Blvd

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CITY	STATE	ZIP CODE	AREA CODE/PHONE
Daly City	CA	94015	

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 10/9/2018 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Daly City Firefighters Political Action Committee

I.D. NUMBER

1055231

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

NAME OF FINANCIAL INSTITUTION Tri-Counties Bank	AREA CODE/PHONE 650-4	BANK ACCOUNT NUMBER 100 000
ADDRESS 6600 Mission St.	CITY Daly City	STATE CA
		ZIP CODE 94014

**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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

**Primarily Formed Committee**

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

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

