

**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 ____/____/____	Date of termination ____/____/____

Date Stamp CITY OF DALY CITY CITY CLERK 2020 AUG 27 P 12:21 RECEIVED	CALIFORNIA FORM 410 For Official Use Only
--	---

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <i>Annette Ripona for Daly City Clerk 2020</i>				NAME OF TREASURER <i>Annette Ripona</i>			
I.D. Number <i>(if applicable)</i>				STREET ADDRESS (NO P.O. BOX)			
CITY <i>Daly City</i>	STATE <i>CA</i>	ZIP CODE <i>94014</i>	AREA CODE/PHONE	CITY <i>Daly City</i>	STATE <i>CA</i>	ZIP CODE <i>94014</i>	AREA CODE/PHONE
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (OPTIONAL) <i>@gmail.com</i>				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF RESIDENCE		JURISDICTION WHERE COMMITTEE IS ACTIVE		CITY			
NAME OF PRINCIPAL OFFICER(S)				STATE			
STREET ADDRESS (NO P.O. BOX)				ZIP CODE			
CITY				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 <u>8/27/2020</u>	By _____	TREASURER OR ASSISTANT TREASURER
Executed on <u>8/27/2020</u>	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME <i>Annette Hipona for Daly City Clerk 2020</i>	I.D. NUMBER
--	-------------

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

NAME OF FINANCIAL INSTITUTION <i>Chase Bank</i>	AREA CODE/PHONE <i>1800-935-9935</i>	BANK ACCOUNT NUMBER
ADDRESS <i>2000 Junipero Serra</i>	CITY <i>Daly Cit</i>	STATE <i>CA</i>
		ZIP CODE <i>94014</i>

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	Partisan	
<i>K. Annette Hipona</i>	<i>Daly City Clerk</i>	<i>2020</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<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	OPPOSE