**Statement of Organization**

**Recipient Committee**

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

**1. Committee Information**

**I.D. Number**

*(if applicable)*

**NAME OF COMMITTEE**

Gabriella Makstman for Daly City 2018

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

Daly City, CA 94014

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

gabriella@makstman.com

**COUNTY OF DOMICILE**

San Mateo County

**JURISDICTION WHERE COMMITTEE IS ACTIVE**


**2. Treasurer and Other Principal Officers**

**NAME OF TREASURER**

Gabriella Makstman

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

Daly City, CA 94014

**NAME OF ASSISTANT TREASURER, IF ANY**


**NAME OF PRINCIPAL OFFICER(S)**


**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:**

9/11/2018

**By:**

**SIGNATURE OF TREASURER OR ASSISTANT TREASURER**


9/11/2018

**By:**

**SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent**


9/11/2018

**By:**

**SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent**


9/11/2018

**By:**

**SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent**


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

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Gabriella Makstman for Daly City 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>Bank of America</td>
<td>(415) 840-2380</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>7395 Mission St</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>Gabriella Makstman</td>
<td>Daly City Council</td>
<td>2018</td>
<td>✔</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>
</tbody>
</table>

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