Statement of Organization
Recipient Committee

Statement Type  
☐ Initial  
☐ Amendment  
☒ Termination – See Part 5

☐ Not yet qualified  
☐ Date qualified as committee

Date qualified as committee:  
☐  

Date of termination:  
☐  

1. Committee Information  
I.D. Number  
(If applicable)  
1367980

NAME OF COMMITTEE  
Elect Tom Ledda Daly City City Council 2018

2. Treasurer and Other Principal Officers

NAME OF TREASURER  
Denise A Kelly

STREET ADDRESS (NO P.O. BOX)

CITY  
Daly City

STATE  
CA

ZIP CODE  
94015-1215

AREA CODE/PHONE  
650-

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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:  
12/11/2017

DATE

By

E OF TREASURER OR ASSISTANT TREASURER

Executed on:  
12/11/2017

DATE

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on:  

DATE

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on:  

DATE

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (October/2017)
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