

Statement of Organization
Recipient Committee

R
L 41
1484656

Statement Type	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
		Date qualification threshold met	Date of termination
	____/____/____	____/____/____	____/____/____

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

OCT 24 2023

CALIFORNIA
FORM 410

For Official Use Only

RECEIVED:
NOV 18 2025 AM09:42
CITY OF DALY CITY, CA
FBI

1. Committee Information		I.D. Number (if applicable)	2. Treasurer and Other Principal Officers		
NAME OF COMMITTEE		NAME OF TREASURER			
ASIA SU FOR DALY CITY COUNCIL 2026		SEAN MANALO			
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE
CMY DALY CITY		STATE CA	ZIP CODE 94015	FREMONT	CA 94538
FULL MAILING ADDRESS (IF DIFFERENT)		EMAIL ADDRESS OF TREASURER (REQUIRED)			AREA CODE/PHONE
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)					
COUNTY OF DOMICILE SAN MATEO		NAME OF ASSISTANT TREASURER, IF ANY			
JURISDICTION WHERE COMMITTEE IS ACTIVE DALY CITY		STREET ADDRESS (NO P.O. BOX)			CITY STATE ZIP CODE
		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)			AREA CODE/PHONE
		NAME OF PRINCIPAL OFFICER(S)			
		STREET ADDRESS (NO P.O. BOX)			CITY STATE ZIP CODE
		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)			AREA CODE/PHONE
Attach additional information on appropriately labeled continuation sheets.					

3. Verification

I have used all reasonable diligence in preparing this statement. The information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that

Executed on 10/22/2023 By _____

DATE _____
Executed on 10/22/2023 By _____

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

COMMITTEE NAME		I.D. NUMBER
<ul style="list-style-type: none"> • All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records. 		
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE ZIP CODE

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 PROPOSER	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
ASIA SU	CITY COUNCIL, CITY OF DALY CITY	2026	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DEMOCRAT
			<input type="checkbox"/>	<input checked="" 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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 3

COMMITTEE NAME

I.D. NUMBER

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR			
-----------------	--	--	--	--

STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE
----------------	----------------	------	-------	----------	-----------------

Small Contributor Committee

_____ / _____ / _____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.