

Statement of Organization  
Recipient Committee

Statement Type

☒ Initial

☒ Not yet qualified

or

☐ Date qualification threshold met

☒ Amendment

☐ Termination - See Part 5

Date qualification threshold met

Date of termination

10/24/2025

Date Stamp

RECEIVED AND FILED  
In the office of the Secretary of State  
of the State of California

NOV 17 2025

CALIFORNIA  
FORM

410

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CITY OF DALY CITY

CITY CLERK

<b>1. Committee Information</b>		<b>I.D. Number</b> 1484656 <small>(if applicable)</small>		<b>2. Treasurer and Other Principal Officers</b>	
NAME OF COMMITTEE ASIA SU FOR DALY CITY COUNCIL 2026				NAME OF TREASURER SEAN MANALO	
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY DALY CITY				CITY FREMONT	
STATE CA				STATE CA	
ZIP CODE 94015				ZIP CODE 94538	
AREA CODE/PHONE [REDACTED]				AREA CODE/PHONE [REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT)				EMAIL ADDRESS OF TREASURER (REQUIRED) [REDACTED]	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]				AREA CODE/PHONE [REDACTED]	
COUNTY OF DOMICILE SAN MATEO		JURISDICTION WHERE COMMITTEE IS ACTIVE DALY CITY			
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

Executed on 10/8/2025 By [REDACTED] TREASURER  
Executed on 10/8/2025 By [REDACTED] 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

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Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Asia Su for Daly City Council 2026

I.D. NUMBER

1484656

- 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

Wells Fargo

AREA CODE/PHONE

BANK ACCOUNT NUMBER

CITY

Daly city

STATE

CA

ZIP CODE

94015

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 PROONENT

ELECTIVE OFFICE SOUGHT OR HELD  
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF  
ELECTION

PARTY  
CHECK ONE

ASIA SU	CITY COUNCIL, CITY OF DALY CITY	2026	Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(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
		SUPPORT	OPPOSE