

**Statement of Organization  
Recipient Committee**

**Statement Type**

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment
<input checked="" type="checkbox"/> Not yet qualified or	<input type="checkbox"/> Date qualification threshold met
Date qualification threshold met 10/29/2025	

Termination – See Part 5

Date of termination

Date Stamp

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

**CALIFORNIA FORM 410**

For Official Use Only  
**RECEIVED:**

DEC 03 2025 AM10:11  
21  
CITY OF DALY CITY  
CITY CLERK

**1. Committee Information**

**I.D. Number**  
(if applicable) **1484656**

NAME OF COMMITTEE

ASIA SU FOR DALY CITY COUNCIL 2026

STREET ADDRESS (NO P.O. BOX)

CITY **DALY CITY** STATE **CA** ZIP CODE **94015** AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE **SAN MATEO** JURISDICTION WHERE COMMITTEE IS ACTIVE **DALY CITY**

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

**SEAN MANALO**

STREET ADDRESS (NO P.O. BOX)

CITY **FREMONT** STATE **CA** ZIP CODE **94538**

EMAIL ADDRESS OF TREASURER (REQUIRED)

AREA CODE/PHONE

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

**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 \_\_\_\_\_ **TREASURER**

Executed on 10/8/2025 By \_\_\_\_\_ **SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT**

Executed on \_\_\_\_\_ By \_\_\_\_\_ **SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT**

Executed on \_\_\_\_\_ By \_\_\_\_\_ **SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT**

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INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

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I.D. NUMBER

1484656

COMMITTEE NAME	Asia Su for Daly City Council 2026		
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS		AREA CODE/PHONE	BANK ACCOUNT NUMBER
Wells Fargo		[REDACTED]	[REDACTED]
		CITY Daly City	STATE CA
			ZIP CODE 94015
<b>4. Type of Committee</b> 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 PROPOINTER	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
ASIA SU	CITY COUNCIL, CITY OF DALY CITY	2026	Nonpartisan	<input checked="" type="checkbox"/> Partisan	DEMOCRAT
			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