

**Statement of Organization  
Recipient Committee**

**Statement Type**

Initial

Not yet qualified  
or

Date qualification threshold met

Amendment

Termination – See Part 5

Date Stamp

**CALIFORNIA  
FORM**

**410**

For Official Use Only

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**CITY OF DALY CITY**

**CITY CLERK**

**1. Committee Information**

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

NAME OF COMMITTEE

Teresa Proano for Council 2026

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Burlingame

CA

94010

FULL MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

San Mateo

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 foregoing is true and correct.

Executed on 01 / 21 / 2026 By \_\_\_\_\_

ASSISTANT TREASURER \_\_\_\_\_

DATE

Executed on 01 / 23 / 2026 By \_\_\_\_\_

CANDIDATE, OR STATE MEASURE PROPOSER \_\_\_\_\_

DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOSER

DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOSER

DATE

**FPPC Form 410 (October/2023)**

**FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)**

**[www.fppc.ca.gov](http://www.fppc.ca.gov)**

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Recipient Committee**

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COMMITTEE NAME Teresa Proano for Council 2026	I.D. NUMBER	
<ul style="list-style-type: none"> <li><b>All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.</b></li> </ul>		
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS  First Foundation Bank Kirk Alan Pessner	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS OF FINANCIAL INSTITUTION  [REDACTED]	CITY Irvine	STATE CA
		ZIP CODE 92612

**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		
			Nonpartisan	Partisan	(list political party below)
Teresa Proano	City Council Member Daly City	2026	X		
			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

# Statement of Organization Recipient Committee

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I.D. NUMBER

COMMITTEE NAME  
Teresa Proano for Council 2026

## 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, or parent 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.