Statement of Organization
Recipient Committee
Statement Type
- Amendment
- Termination – See Part 5

1. Committee Information
   I.D. Number
   NAME OF COMMITTEE
   Annette Oakpina for Daly City Clerk 2020
   CITY
   Daly City
   STATE
   CA
   ZIP CODE
   94014
   EMAIL ADDRESS
   @gmail.com
   COUNTY OR COMMUNITY
   Daly City
   INFORMATION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers
   NAME OF TREASURER
   Annette Oakpina
   STREET ADDRESS
   Daly City
   CA
   ZIP CODE
   94014
   STREET ADDRESS (NO P.O. BOX)

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 08/27/2020
   By
   Signature of controlling officer, candidate, or state measure proponent
   DATE
   08/27/2020

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FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Annette Alepnoa for Daly City Clerk 2020

- All committees must list the financial institution where the campaign bank account is located.

NAME OR FINANCIAL INSTITUTION
Chase Bank

AREA PHONE

BANK ACCOUNT NUMBER

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 PROONENT
Annette Alepnoa

ELECTIVE OFFICE SOUGHT OR HELD
Daly City Clerk

YEAR OF ELECTION
2020

PARTY
Nonpartisan

CHECK ONE

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

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