

**Statement of Organization  
Recipient Committee**

**Statement Type**

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

Date Stamp  
CITY OF DALY CITY  
CITY CLERK

2021 JAN -4 A 10:27

RECEIVED

**CALIFORNIA  
FORM 410**

For Official Use Only

**1. Committee Information**

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

1431736

NAME OF COMMITTEE

Annette Shpona for Daly City Clerk 2020

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Annette Shpona

STREET ADDRESS (NO P.O. BOX)

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CITY Daly City STATE CA ZIP CODE 94014 AREA CODE/PHONE

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FULL MAILING ADDRESS (IF DIFFERENT)

NAME OF ASSISTANT TREASURER, IF ANY

E-MAIL (REQUIRED) / FAX (OPTIONAL)

STREET ADDRESS (NO P.O. BOX)

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

NAME OF PRINCIPAL OFFICER(S)

Attach additional information on appropriately labeled continuation sheets.

CITY STATE ZIP CODE 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 foregoing is true and correct.

Executed on 12/15/2020 By \_\_\_\_\_ SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/15/2020 By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

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