Statement of Organization				Date Stamp	CALIFORNIA 410	
Recipient Con	nmittee			4	FOF	KIVI
Statement Type	☐ Initial	☐ Amendment	☑ Termination – See Part 5	CITY OF DA		or Official Use Only
	O Not yet qualified			CITY CL	UNK	
	O Date qualification threshold met	Date qualification threshold met	Date of termination		1	
			02 , 05 , 2019	2019 FEB 15	A 10: 1	] (
EW-12-17-18-27-18-27				of the same to		
1. Committee Ir	nformation I.D. Number		2. Treasurer and O	ther Principal Officers	VFD	
NAME OF COMMITTEE			NAME OF TREASURER			
Committee to Ele	ct Rod Daus-Magbual For Da	Michael Daus				
			STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O. BOX)			CITY	STATE	ZIP CODE	AREA CODE (BHONE
			Daly City	CA	94014	(! 63
CITY	STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF			
Daly City CA 94014			Roderick Daus-Magb	oual		
FULL MAILING ADDRESS	(IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)			
		1	CITY	STATE	ZIP CODE	AREA_CQDE/PHONE
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				CA	94014	THEA CODE/PHONE
		ANALYTIC IC ACTIVE	Daly City  NAME OF PRINCIPAL OFFICER(S)	CA	94014	A (2)
San Mateo  Jurisdiction where committee is active  Daly City, CA			NAME OF PRINCIPAL OFFICER(5)			
	Daiy City, CA		STREET ADDRESS (NO P.O. BOX)			
			STREET FLOORESS (NO 110. DOWN)			
			CITY	STATE	ZIP CODE	AREA CODE/PHONE
Attach additional	information on appropriately lab	peled continuation sheets.				
3. Verification	easonable diligence in preparing	this statement and to the hes	st of my knowledge the information	on contained herein is true	and complet	te. I certify under
	ry under the laws of the State of		;r'	<u>.</u>		,
• (10 miles   10 miles	02/05/2019	$\subseteq$	:			
Executed on	DATE By		OR ASSISTANT TREASURE	R		
Executed on	02/05/2019 <sub>By</sub>	*	>			
And in the state of the state o	DATE	SIGNATURE OF CONT	FROLLING OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT		
Executed on	By		TROUBLE OFFICE HOLDER CANDIDATE OF COLUMN	ACURE DRODONENT		
		SIGNATURE OF CONT	TROLLING OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPUNENT		
Executed on	By	SIGNATURE OF CON-	TROLLING OFFICEHOLDER CANDIDATE OR STATE MI	FASURE PROPONENT		

FPPC Form 410 (August/2018)
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www.fppc.ca.gov