

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input 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 of termination ____/____/____

Date Stamp CITY OF DALY CITY CITY CLERK	CALIFORNIA FORM 410
2022 FEB -4 PM 1:05	
RECEIVED	For Official Use Only

1. Committee Information		I.D. Number <small>(if applicable)</small>	2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE CHERYLL CATUAR FOR DALY CITY COUNCIL			NAME OF TREASURER PERLIZA L. LANTORIA - CANCINO			
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)				
CITY STATE ZIP CODE AREA CODE/PHONE DALY CITY CA 94015		CITY STATE ZIP CODE AREA CODE/PHONE SOUTH SAN FRANCISCO CA 94080		NAME OF ASSISTANT TREASURER, IF ANY		
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)				
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		CITY STATE ZIP CODE AREA CODE/PHONE				
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE SAN MATEO COUNTY DALY CITY		NAME OF PRINCIPAL OFFICER(S) CHERYLL CATUAR				
Attach additional information on appropriately labeled continuation sheets.		STREET ADDRESS (NO P.O. BOX)				
		CITY STATE ZIP CODE AREA CODE/PHONE DALY CITY CA 94015				
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	<u>01-04-2022</u> <small>DATE</small>	By	
Executed on	<u>01-04-2022</u> <small>DATE</small>	By	<small>SIGNATURE OF TREASURER OR ASSISTANT TREASURER</small>
Executed on	_____ <small>DATE</small>	By	<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent</small>
Executed on	_____ <small>DATE</small>	By	<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent</small>
Executed on	_____ <small>DATE</small>	By	<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent</small>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME CHERYLL CATUAR FOR DALY CITY COUNCIL		I.D. NUMBER
---	--	-------------

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS	CITY	STATE	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	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
CHERYLL CATUAR	DALY CITY COUNCIL MEMBER 2022		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>