# Statement of Organization

**Recipient Committee**

<table>
<thead>
<tr>
<th>Statement Type</th>
<th>Amendment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>□</td>
</tr>
<tr>
<td>Not yet qualified of</td>
<td></td>
</tr>
<tr>
<td>Date qualification threshold met</td>
<td></td>
</tr>
<tr>
<td>Date qualification threshold met</td>
<td></td>
</tr>
<tr>
<td>Date of termination</td>
<td></td>
</tr>
</tbody>
</table>

**CALIFORNIA FORM 410**

**Date Stamp**

2022 FEB-4 PM 1:05

**RECEIVED**

<table>
<thead>
<tr>
<th>1. Committee Information</th>
<th>I.D. Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF COMMITTEE</td>
<td></td>
</tr>
<tr>
<td>CHERYL CATUAK FOR DAILY CITY COUNCIL</td>
<td></td>
</tr>
<tr>
<td>STREET ADDRESS (NO P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>DAILY CITY</td>
<td>CA</td>
</tr>
<tr>
<td>E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)</td>
<td></td>
</tr>
<tr>
<td>COUNTY OF Domicile</td>
<td></td>
</tr>
<tr>
<td>SAN MATEO COUNTY DAILY CITY</td>
<td></td>
</tr>
<tr>
<td>JURISDICTION WHERE COMMITTEE IS ACTIVE</td>
<td></td>
</tr>
</tbody>
</table>

**2. Treasurer and Other Principal Officers**

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERLIZA L. LANTORIA - CANCELLO</td>
<td>SOUTH SAN FRANCISCO CA 94080</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>SSF CA 94080</td>
<td></td>
</tr>
<tr>
<td>NAME OF ASSISTANT TREASURER, IF ANY</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>NAME OF PRINCIPAL OFFICER(S)</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CHERYL CATUAK</td>
<td></td>
</tr>
</tbody>
</table>

**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 that the foregoing is true and correct.

Executed on **01-04-2022** By

**SIGNATURE OF TREASURER OR ASSISTANT TREASURER**

Executed on **01-04-2022** By

**SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOUNENT**

Executed on **DATE** By

**SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOUNENT**

Executed on **DATE** By

**SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOUNENT**

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
CHEYLLI CATUAR FOR DAV CITY COUNCIL

- 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 PROPONENT
CHEYLLI CATUAR

ELECTIVE OFFICE SOUGHT OR HELD
PACIFIC CITY COUNCIL MEMBER 2022

(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF ELECTION
2022

PARTY

CHECK ONE

Nonpartisan

Partisan

(list political party below)

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