

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input 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

**CALIFORNIA
FORM**

410

For Official Use Only

2022 JUN 24 PM 2:58

RECEIVED

1. Committee Information		I.D. Number (if applicable)	2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE		NAME OF TREASURER				
Re-Elect Rod Daus-Magbual for Daly City Council 2022		Justine Santos				
STREET ADDRESS (NO P.O. BOX)		CITY		STATE	ZIP CODE	AREA CODE/PHONE
[REDACTED]		Daly City		CA	94014	[REDACTED]
CITY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		
Daly City	CA	94014	[REDACTED]			
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)				
[REDACTED]		[REDACTED]				
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		CITY		STATE	ZIP CODE	AREA CODE/PHONE
[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]
COUNTY OF DOMICILE	NAME OF PRINCIPAL OFFICER(S)					
San Mateo County	Roderick Daus-Magbual					
Attach additional information on appropriately labeled continuation sheets.		STREET ADDRESS (NO P.O. BOX)				
[REDACTED]		[REDACTED]				
CITY	STATE	ZIP CODE	AREA CODE/PHONE	[REDACTED]		
Daly City	CA	94014	[REDACTED]			

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	6/24/2022	DATE	By	[REDACTED]	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	6/24/2022	DATE	By	[REDACTED]	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER
Executed on		DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER	
Executed on		DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER	

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INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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COMMITTEE NAME Re-Elect Rod Daus-Magbual For Daly City Council 2022		I.D. NUMBER pending
<ul style="list-style-type: none"> • All committees must list the financial institution where the campaign bank account is located. 		
NAME OF FINANCIAL INSTITUTION Pending	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 PROPOSER	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Roderick Daus-Magbual	Daly City Council Member	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>