**Statement of Organization**
Recipient Committee

**Statement Type**
- **Initial** ✅
- **Not yet qualified**
- **Date qualification threshold met**
- **Amendment**
- **Termination – See Part 5**

| 1. Committee Information | I.D. Number
---|---
NAME OF COMMITTEE
RUSTY BERNARDO FOR ELECTION FOR DALY CITY COUNCIL 2022

| 2. Treasurer and Other Principal Officers |
---|---
NAME OF TREASURER
RUSTY BERNARDO

| STREET ADDRESS (NO P.O. BOX) |
---|---
CITY
DALY CITY
STATE
CA
ZIP CODE
94015

| FULL MAILING ADDRESS (IF DIFFERENT) |
---|---
CITY
DALY CITY
STATE
CA
ZIP CODE
94015

| E-MAIL ADDRESS (REQUIRED)/ FAX (OPTIONAL) |
---|---
CITY
DALY CITY
STATE
CA
ZIP CODE
94015

| COUNTY OF DOMICILE |
---|---
JURISDICTION WHERE COMMITTEE IS ACTIVE
SAN MATEO
DALY CITY

**Verify additional information on appropriately labeled continuation sheets.**

**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 information is true and correct.

**Executed on** 8/7/2022
**By** [Signature]

**Executed on** 8/7/2022
**By** [Signature]

**Executed on** [Date]
**By** [Signature]

**Executed on** [Date]
**By** [Signature]

**FPCC Form 410 (August/2018)**
FPCC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
RUSTY BERNARDO FOR ELECTION TO DALY CITY COUNCIL 2022

- 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

CA

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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>RUSTICO &quot;RUSTY&quot; BERNARDO</td>
<td>DALY CITY COUNCIL</td>
<td>2022</td>
<td>Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Partisan</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME.</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
RUSTY BERNARDO FOR ELECTION FOR DALY CITY COUNCIL 2022

4. Type of Committee (Continued)

General Purpose Committee: Not formed to support or oppose specific candidates or measures in a single election. Check only one box: ☑ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Contribution & Expenses to support Rustico "Rusty" Bernardo for election to Daly City Council 2022

Sponsored Committee: List additional sponsors on an attachment.

NAME OF SPONSOR
INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE AREA CODE/PHONE

☐ ______/_____/______

□ Small Contributor Committee

DATE QUALIFIED

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

• This committee has ceased to receive contributions and make expenditures;
• This committee does not anticipate receiving contributions or making expenditures in the future;
• This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
• This committee has no surplus funds; and
• This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

— There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
— Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.