

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met

Amendment

Termination – See Part 5

Date qualification threshold met

____ / ____ / ____

09 / 12 / 2022

Date of termination

____ / ____ / ____

Date Stamp

**CALIFORNIA
FORM**

410

CM

CITY COUNCIL
For Official Use Only

2022 OCT -4 AM 8:39

RECEIVED

1. Committee Information		I.D. Number (if applicable) 1451087	2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE Re-elect Rod Daus-Magbul for Daly City Council 2022				NAME OF TREASURER Justine Santos			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Daly City	STATE CA	ZIP CODE 94014	AREA CODE/PHONE [REDACTED]
CITY Daly City	STATE CA	ZIP CODE 94014	AREA CODE/PHONE [REDACTED]	NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE San Mateo County	JURISDICTION WHERE COMMITTEE IS ACTIVE Daly City			NAME OF PRINCIPAL OFFICER(S) Roderick Daus-Magbul			
Attach additional information on appropriately labeled continuation sheets.				CITY Daly City	STATE CA	ZIP CODE 94014	AREA CODE/PHONE [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 10/3/2022

DATE

By

RECEIVER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on 10/3/2022

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____

DATE

By

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Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

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COMMITTEE NAME	I.D. NUMBER
Re-elect Rod Daus-Magbul for Daly City Council 2022	1451087

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Tri Counties Bank		
ADDRESS	CITY	STATE ZIP CODE
	Daly City	CA 94014

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)
Roderick Daus-Magbul	Daly City Council Member	2022	Nonpartisan	<input checked="" type="checkbox"/>	Democrat
			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