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
Date of termination

1. Committee Information
I.D. Number 1451087

NAME OF COMMITTEE
Re-elect Rod Daus-Magbual for Daly City Council 2022

STREET ADDRESS (NO P.O. BOX)

CITY
Daly City
STATE
CA
ZIP CODE
94014

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Justine Santos

STREET ADDRESS (NO P.O. BOX)

CITY
Daly City
STATE
CA
ZIP CODE
94014

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY
Daly City
STATE
CA
ZIP CODE
94014

NAME OF PRINCIPAL OFFICER(S)
Roderick Daus-Magbual

STREET ADDRESS (NO P.O. BOX)

CITY
Daly City
STATE
CA
ZIP CODE
94014

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
By [REDACTED]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 10/3/2022
By [REDACTED]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Statement of Organization
Recipient Committee

Committee Name
Re-elect Rod Daus-Magbual for Daly City Council 2022

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

<table>
<thead>
<tr>
<th>Name of Financial Institution</th>
<th>Area Code/Phone</th>
<th>Bank Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tri Counties Bank</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Daly City</td>
<td>CA</td>
<td>94014</td>
</tr>
</tbody>
</table>

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 Proponent</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>Roderick Daus-Magbual</td>
<td>Daly City Council Member</td>
<td>2022</td>
<td>Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<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>OPPOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov