Recipent Committee
Campaign Statement
Cover Page

Statement covers period
from 01-01-2022
through 06-30-2022

Date of election if applicable:
(Month, Day, Year)

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 5)

☐ Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

☐ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)
☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Daly City Firefighters Political Action Committee

I.D. NUMBER
1055231

STREET ADDRESS (NO P.O. BOX)

CITY
Daly City
STATE CA
ZIP CODE 94015
AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

MAILING ADDRESS

CITY
Daly City
STATE CA
ZIP CODE 94015
AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 05-29-2022

By ____________________________
Signature of Treasurer or Assistant Treasurer

Executed on 05-29-2022

By ____________________________
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on 05-29-2022

By ____________________________
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on 05-29-2022

By ____________________________
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>Daly City Firefighters Political Action Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td></td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>CITY</td>
</tr>
<tr>
<td>[redacted]</td>
<td>Daly City</td>
</tr>
</tbody>
</table>

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
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<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
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<td>CITY</td>
<td>STATE</td>
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<td>CITY</td>
<td>STATE</td>
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</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
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<tbody>
<tr>
<td>Identify the controlling officeholder, candidate, or state measure proponent, if any.</td>
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<tr>
<td>NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>DISTRICT NO. IF ANY</td>
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</table>

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
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<td>OFFICE SOUGHT OR HELD</td>
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<td>SUPPORT</td>
<td>OPPOSE</td>
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Attach continuation sheets if necessary
### Contributions Received

1. **Monetary Contributions** Schedule A, Line 3 $2,880 $2,880
2. **Loans Received** Schedule B, Line 3 $2,880 $2,880
3. **SUBTOTAL CASH CONTRIBUTIONS** Add Lines 1 + 2 $2,880 $2,880
4. **Nonmonetary Contributions** Schedule C, Line 3 $2,880 $2,880
5. **TOTAL CONTRIBUTIONS RECEIVED** Add Lines 3 + 4 $2,880 $2,880

### Expenditures Made

1. **Payments Made** Schedule E, Line 4 $0 $0
2. **Loans Made** Schedule H, Line 3 $0 $0
3. **SUBTOTAL CASH PAYMENTS** Add Lines 5 + 7 $0 $0
4. **Accrued Expenses (Unpaid Bills)** Schedule F, Line 3 $0 $0
5. **Nonmonetary Adjustment** Schedule C, Line 3 $0 $0
6. **TOTAL EXPENDITURES MADE** Add Lines 8 + 9 + 10 $0 $0

### Current Cash Statement

12. **Beginning Cash Balance** Previous Summary Page, Line 16 $8,475.79
13. **Cash Receipts** Column A, Line 3 above $2,880
14. **Miscellaneous Increases to Cash** Schedule I, Line 4 $0
15. **Cash Payments** Column A, Line 8 above $0
16. **ENDING CASH BALANCE** Add Lines 12 + 13 + 14, then subtract Line 15 $11,355.79

*If this is a termination statement, Line 16 must be zero.*

### Cash Equivalents and Outstanding Debts

18. **Cash Equivalents** See instructions on reverse $0
19. **Outstanding Debts** Add Line 2 + Line 9 in Column B above $0

### Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

<table>
<thead>
<tr>
<th>Period</th>
<th>Amounts Received</th>
<th>Amounts Made</th>
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<tbody>
<tr>
<td>1/1 through 6/30</td>
<td>$___________</td>
<td>$___________</td>
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<tr>
<td>7/1 to Date</td>
<td>$___________</td>
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### Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
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22. **Cumulative Expenditures Made**

*If Subject to Voluntary Expenditure Limit*

*Amounts in this section may be different from amounts reported in Column B.*
# Schedule A
## Monetary Contributions Received

**Amounts may be rounded to whole dollars.**

**NAME OF FILER**
Daly City Firefighters Political Action Committee

**I.D. NUMBER**
1055231

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
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**SUBTOTAL $**

### Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   
   (Include all Schedule A subtotals.) .................................................. $ ...

2. Amount received this period – unitemized monetary contributions of less than $100 ....................... $ 2,880

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ...................... TOTAL $ 2,880

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*Contributor Codes

**IND** – Individual

**COM** – Recipient Committee
(other than PTY or SCC)

**OTH** – Other (e.g., business entity)

**PTY** – Political Party

**SCC** – Small Contributor Committee

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