

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

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

| | |
|--|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="radio"/> State Candidate Election Committee | <input type="radio"/> Controlled |
| <input type="radio"/> Recall | <input type="radio"/> Sponsored |
| (Also Complete Part 5) | |
| <input checked="" type="checkbox"/> General Purpose Committee | |
| <input type="radio"/> Sponsored | |
| <input checked="" type="radio"/> Small Contributor Committee | |
| <input type="radio"/> Political Party/Central Committee | |
| <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee | |
| (Also Complete Part 7) | |

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Daly City Firefighters Association

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Daly City CA 94015 [REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

I.D. NUMBER
1055231

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

Date Stamp

**CALIFORNIA 460
FORM**

*CITY OF DALY CITY
CITY CLERK*

Page 1 of 4

For Official Use Only

2022 NOV 16 AM 11:55

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2. Type of Statement:

Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report

Treasurer(s)

NAME OF TREASURER

Nikolas Vanlandingham

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Daly City CA 94015 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE 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 11-2-2021 Date

By _____ Signature of Treasurer or Assistant Treasurer

Executed on _____ Date

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

Executed on _____ Date

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

Executed on _____ Date

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

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

CALIFORNIA FORM 460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Daly City Firefighters Political Action Committee

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] Daly City CA 94015

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.*

| | |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

| | |
|-------------------|-----------------------|
| NAME OF TREASURER | CONTROLLED COMMITTEE? |
|-------------------|-----------------------|

YES NO

| | |
|-------------------|------------------------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
|-------------------|------------------------------|

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

| | |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

| | |
|-------------------|-----------------------|
| NAME OF TREASURER | CONTROLLED COMMITTEE? |
|-------------------|-----------------------|

YES NO

| | |
|-------------------|------------------------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
|-------------------|------------------------------|

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

| | |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

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

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | | |
|---|---------------------------|----------------|
| Statement covers period from <u>07-01-2021</u> | CALIFORNIA FORM | 460 |
| through <u>12-31-2021</u> | Page <u>3</u> of <u>4</u> | |
| | I.D. NUMBER | <u>1055231</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Daly City Firefighters Political Action Committee

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------|---------------------------|---|---|
| 1. Monetary Contributions..... | <i>Schedule A, Line 3</i> | \$ 2,878 | \$ 5,807.75 |
| 2. Loans Received..... | <i>Schedule B, Line 3</i> | \$ 0 | \$ 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | <i>Add Lines 1 + 2</i> | \$ 2,878 | \$ 5,807.75 |
| 4. Nonmonetary Contributions..... | <i>Schedule C, Line 3</i> | \$ 0 | \$ 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | <i>Add Lines 3 + 4</i> | \$ 2,878 | \$ 5,807.75 |

Expenditures Made

| | | | |
|---|-----------------------------|------|------|
| 6. Payments Made..... | <i>Schedule E, Line 4</i> | \$ 0 | \$ 0 |
| 7. Loans Made..... | <i>Schedule H, Line 3</i> | \$ 0 | \$ 0 |
| 8. SUBTOTAL CASH PAYMENTS..... | <i>Add Lines 6 + 7</i> | \$ 0 | \$ 0 |
| 9. Accrued Expenses (Unpaid Bills)..... | <i>Schedule F, Line 3</i> | \$ 0 | \$ 0 |
| 10. Nonmonetary Adjustment..... | <i>Schedule C, Line 3</i> | \$ 0 | \$ 0 |
| 11. TOTAL EXPENDITURES MADE..... | <i>Add Lines 8 + 9 + 10</i> | \$ 0 | \$ 0 |

Current Cash Statement

| | | |
|---|--|-------------|
| 12. Beginning Cash Balance | <i>Previous Summary Page, Line 16</i> | \$ 5,597.79 |
| 13. Cash Receipts | <i>Column A, Line 3 above</i> | \$ 0 |
| 14. Miscellaneous Increases to Cash | <i>Schedule I, Line 4</i> | \$ 0 |
| 15. Cash Payments | <i>Column A, Line 8 above</i> | \$ 0 |
| 16. ENDING CASH BALANCE | <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ 8,475.79 |

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

| | | |
|------------------------------------|---------------------------|------|
| 17. LOAN GUARANTEES RECEIVED | <i>Schedule B, Part 2</i> | \$ 0 |
|------------------------------------|---------------------------|------|

Cash Equivalents and Outstanding Debts

| | | |
|----------------------------|--|------|
| 18. Cash Equivalents | <i>See instructions on reverse</i> | \$ 0 |
| 19. Outstanding Debts..... | <i>Add Line 2 + Line 9 in Column B above</i> | \$ 0 |

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

1/1 through 6/30 7/1 to Date

| | | |
|----------------------------|----------|----------|
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| _____ / _____ / _____ | \$ _____ |
| _____ / _____ / _____ | \$ _____ |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*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.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Statement covers period
from 01-01-2021
through 06-30-2021

SCHEDULE A
CALIFORNIA FORM 460

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I.D. NUMBER
1055231

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 0
2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 2,878
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 2,878**

***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