Recipient Committee
Campaign Statement
Cover Page

Statement covers period from 07-01-2021 through 12-31-2021

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
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored

2. Type of Statement:
☐ Preliminary Statement
☐ Semi-annual Statement
☐ Amendment (Explain below)
☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1055231

COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
Daly City Firefighters Association

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

CITY
STATE
ZIP CODE

AREA CODE/PHONE

NAME OF TREASURER
Nikolas Varlandingham

MAILING ADDRESS

CITY
Daly City
STATE
CA
ZIP CODE
94015

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE
STATE
ZIP CODE
ZIP CODE

AREA CODE/PHONE

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

By ____________________________
Signature of Treasurer or Assistant Treasurer

Executed on ____________________

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

Executed on ____________________

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

Executed on ____________________

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

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
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</thead>
</table>

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  SUPPORT  OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
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NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE

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OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

Attach continuation sheets if necessary
### Contributions Received

1. Monetary Contributions ............................................................... Schedule A, Line 3 $2,878 $5,807.75
2. Loans Received ............................................................... Schedule B, Line 3 0 0
3. SUBTOTAL CASH CONTRIBUTIONS .............................................. Add Lines 1 + 2 $2,878 $5,807.75
4. Nonmonetary Contributions .......................................................... Schedule C, Line 3 0 0
5. TOTAL CONTRIBUTIONS RECEIVED ............................................. Add Lines 3 + 4 $2,878 $5,807.75

### Expenditures Made

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

### Current Cash Statement

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

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

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).

### 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** $ \\

   **/ /** $ \\

   **/ /** $ \\

   *Amounts in this section may be different from amounts reported in Column B.*

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**FPPC Form 460 (Jan/2016)**
FPCC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
# Schedule A
Monetary Contributions Received

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

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

**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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**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

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