Statement of Organization
Recipient Committee

Statement Type  
☑ Initial
☐ Amendment
☐ Termination – See Part 5

1. Committee Information
NAME OF COMMITTEE
RUSTY BERNARDO FOR ELECTION FOR DALY CITY COUNCIL 2022

DATE QUALIFICATION THRESHOLD MET
09 06 2022

DATE QUALIFICATION THRESHOLD MET
10 22 2022

DATE OF TERMINATION
12 31 2022

2. Treasurer and Other Principal Officers

NAME OF TREASURER
RUSTY BERNARDO

STREET ADDRESS (B.O. P.O. BOX)

CITY
DALY CITY

STATE
CA

ZIP CODE
94017

AREA CODE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (B.O. P.O. BOX)

CITY
DALY CITY

STATE
CA

ZIP CODE
94017

AREA CODE

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUPON OF DONOR
SAN MATEO

JURISDICTION WHERE COMMITTEE IS ACTIVE
DALY CITY

NAME OF PRINCIPAL OFFICER
RUSTY BERNARDO

STREET ADDRESS (B.O. P.O. BOX)

CITY
DALY CITY

STATE
CA

ZIP CODE
94017

AREA CODE

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

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 that the statements made are correct.

Executed on 12/28/2020
By

Executed on 12/28/2020
By

Executed on
By

Executed on
By

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INSTRUCTIONS OR REVERSE

- 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/MOBILE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>US BANK</td>
<td>(650)</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>Daly City,</td>
<td>CA</td>
<td>94015</td>
<td></td>
</tr>
</tbody>
</table>

4. Type of Committee: Complete the applicable sections.

Controlled Committee

- List the name of each controlling officerholder, 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 OFFICERHOLDER/STATE MEASURE PROponent</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>RUSTICO &quot;RUSTY&quot; BERNARDO</td>
<td>DALY CITY COUNCIL</td>
<td>2022</td>
<td>Nonpartisan</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 OFFICERHOLDER'S NAME.</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURES 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>
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<td></td>
<td></td>
<td>SUPPORT</td>
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</tbody>
</table>

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