

CITY OF DALY CITY
CITY CLERK

JAN - 3 PM 8:17

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**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met	Date qualification threshold met	Date of termination
09 / 06 / 2022	10 / 22 / 2022	12 / 31 / 2022

Date Stamp

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information		2. Treasurer and Other Principal Officers	
I.D. Number (if applicable) 1452725		NAME OF TREASURER RUSTY BERNARDO	
NAME OF COMMITTEE RUSTY BERNARDO FOR ELECTION FOR DALY CITY COUNCIL 2022		STREET ADDRESS (NO P.O. BOX)	
STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE AREA CODE/PHONE DALY CITY CA 94017	
CITY STATE ZIP CODE AREA CODE/PHONE DALY CITY CA 94015		NAME OF ASSISTANT TREASURER, IF ANY	
FULL MAILING ADDRESS (IF DIFFERENT) DALY CITY CA 94017		STREET ADDRESS (NO P.O. BOX)	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		CITY STATE ZIP CODE AREA CODE/PHONE	
COUNTY OF DOMICILE SAN MATEO	JURISDICTION WHERE COMMITTEE IS ACTIVE DALY CITY	NAME OF PRINCIPAL OFFICER(S) RUSTY BERNARDO	
Attach additional information on appropriately labeled continuation sheets.		STREET ADDRESS (NO P.O. BOX)	
		CITY STATE ZIP CODE AREA CODE/PHONE DALY CITY CA 94015	

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 12/28/2022 By [Signature]

Executed on 12/28/2022 By [Signature] OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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COMMITTEE NAME RUSTY BERNARDO FOR ELECTION TO DALY CITY COUNCIL 2022	I.D. NUMBER 1452725
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION US BANK	AREA CODE/PHONE (650) .	BANK ACCOUNT NUMBER
ADDRESS	CITY Daly City,	STATE CA
		ZIP CODE 94015

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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
RUSTICO "RUSTY" BERNARDO	DALY CITY COUNCIL	2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>