Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Amendment
☐ Termination – See Part 5
Not yet qualified ☐ or
List I.D. number:
# 862148

Date qualified as committee

Date qualified as committee (if applicable)

Date of Termination

1. Committee Information

NAME OF COMMITTEE

Daly City Police Officers' Association PAC

STREET ADDRESS (NO P.O. BOX)

CITY

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF Domicile

San Mateo

Jurisdiction WHERE Committee is Active

CITY OF Daly City

2. Treasurer and Other Principal Officers

NAME OF TREASURER

BONNIE SHIU

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Daly City

CA

94015

(650)

NAME OF ASSISTANT TREASURER, IF ANY

NAME OF PRINCIPAL OFFICER(S)

LUCAS TAYLOR

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 cor-

Executed on 02/16/2017

By

Signature of Treasurer or Assistant Treasurer

Executed on

DATE

By

Signature of Controlling Officer, Candidate, or State Measure Proponent

Executed on

DATE

By

Signature of Controlling Officer, Candidate, or State Measure Proponent

Executed on

DATE

By

Signature of Controlling Officer, Candidate, or State Measure Proponent

Executed on

DATE

By

Signature of Controlling Officer, Candidate, or State Measure Proponent

www.fppc.ca.gov

FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Daly City Police Officers' Association PAC

- 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/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>SF Police Credit Union</td>
<td></td>
<td>1362910</td>
</tr>
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</table>

ADDRESS: San Francisco, CA 94122

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."

- 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 CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
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Nonpartisan

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)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK</th>
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SUPPORT  |  O P P O S E

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INSTRUCTIONS ON REVERSE

4. Type of Committee (Continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
- CITY Committee
- COUNTY Committee
- STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Support of candidates favorable to Daly City Police Officers

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR
Daly City Police Officers' Association

INDUSTRY GROUP OR AFFILIATION OF SPONSOR
Police Officers

STREET ADDRESS

NO. AND STREET

CITY
Daly City

STATE
CA

ZIP CODE
94015

Small Contributor Committee

☐ Date qualified

5. Termination Requirements
By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.