

**Statement of Organization  
Recipient Committee**

**Statement Type**

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or	Date qualification threshold met	
<input type="radio"/> Date qualification threshold met	_____/_____/_____	

Date of termination

12 / 31 / 2023

Date Stamp  
CITY OF DALY CITY  
CITY CLERK

JAN 19 AM 9:31

**CALIFORNIA  
FORM 410**

For Official Use Only

RECEIVED

<b>1. Committee Information</b>		<b>I.D. Number</b> (if applicable)		<b>2. Treasurer and Other Principal Officers</b>			
NAME OF COMMITTEE		NAME OF TREASURER					
Re-elect Rod Daus-Magbual for Daly City Council 2022		Justine Santos					
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)					
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Daly City	CA	94014		Daly City	CA	94014	
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE			NAME OF PRINCIPAL OFFICER(S)			
San Mateo County	Daly City			Roderick Daus-Magbual			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX)			
CITY	STATE	ZIP CODE	AREA CODE/PHONE				
Daly City	CA	94014					

**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	<u>12/31/23</u>	By _____	<i>[Signature]</i>	<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on	<u>12/31/23</u>	By _____		<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on	<u> </u>	By _____		<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on	<u> </u>	By _____		<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>

FPPC Form 410 (August/2018)

FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)

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INSTRUCTIONS ON REVERSE

**CALIFORNIA FORM 410**

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COMMITTEE NAME Re-elect Rod Daus-Magbual for Daly City Council 2022		I.D. NUMBER 1451087
<ul style="list-style-type: none"> <li>• All committees must list the financial institution where the campaign bank account is located.</li> </ul>		
NAME OF FINANCIAL INSTITUTION Tri Counties Bank	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY Daly City	STATE CA
		ZIP CODE 94014
<b>4. Type of Committee</b> 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)
Roderick Daus-Magbual	Daly City Council Member	2022	Nonpartisan	<input checked="" type="checkbox"/> Partisan	Democrat
			Nonpartisan	Partisan	(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
		SUPPORT	OPPOSE