

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met ____/____/____	<input checked="" type="checkbox"/> Amendment Date qualification threshold met <u>1</u> / <u>1</u> / 2023	<input type="checkbox"/> Termination – See Part 5 Date of termination <u>2021</u> / ____ / ____
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Date Stamp

CITY OF DALY CITY
CITY CLERK

2021 FEB 1 PM 3:46

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information		I.D. Number 1055231 <small>(if applicable)</small>		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE Daly City Fire Fighters Association				NAME OF TREASURER Paul Verducci	
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE Redwood City ca 94063				CITY STATE ZIP CODE AREA CODE/PHONE Redwood City ca 94063	
FULL MAILING ADDRESS (IF DIFFERENT) Daly City CA 94017				NAME OF ASSISTANT TREASURER, IF ANY	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE				CITY STATE ZIP CODE AREA CODE/PHONE	
COUNTY OF DOMICILE San Mateo		JURISDICTION WHERE COMMITTEE IS ACTIVE Daly City		NAME OF PRINCIPAL OFFICER(S) Ernie Daroza	
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX)	
				CITY STATE ZIP CODE AREA CODE/PHONE Redwood City Ca 94063	

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 2/1/24 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2/1/24 By _____
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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