

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
 Date qualification threshold met

Amendment

Termination – See Part 5

Date qualification threshold met
1 / 1 / 2023

Date of termination
/ /

Date Stamp

**CITY OF DALY CITY
CITY CLERK**

410

For Official Use Only

2021 FEB 1 PM 3:46

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

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	DATE	By	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	2/1/24	DATE	By	SIGNATURE OF COI OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER
Executed on		DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER
Executed on		DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER