

**Statement of Organization
Recipient Committee**

Statement Type

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

CITY OF DALY CITY
CITY CLERK

2024 APR 22 AM 11:19

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information	2. Treasurer and Other Principal Officers
<p>I.D. Number <i>(if applicable)</i></p> <p>NAME OF COMMITTEE FAARI'A FOR CITY COUNCIL 2024</p> <p>STREET ADDRESS (NO P.O. BOX) [REDACTED]</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE DALY CITY CA 94015 [REDACTED]</p> <p>FULL MAILING ADDRESS (IF DIFFERENT) SAME AS ABOVE</p> <p>EMAIL ADDRESS OF COMMITTEE (REQUIRED) (E-MAIL (OPTIONAL)) [REDACTED]</p> <p>COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE San Mateo Daly City</p> <p><i>Attach additional information on appropriately labeled continuation sheets.</i></p>	<p>NAME OF TREASURER Jaiver Rosales</p> <p>STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED] Daly City CA [REDACTED]</p> <p>EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE [REDACTED]</p> <p>NAME OF ASSISTANT TREASURER, IF ANY NA</p> <p>STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED]</p> <p>EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE [REDACTED]</p> <p>NAME OF PRINCIPAL OFFICER(S)</p> <p>STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED]</p> <p>EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE [REDACTED]</p>

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 04-21-2024 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 04-21-2024 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME FAAPUAA FOR CITY COUNCIL 2024	I.D. NUMBER Pending
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• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS PENDING	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE ZIP CODE

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)
THERESA FAAPUAA	CITY COUNCIL MEMBER		<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	

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