

**Statement of Organization
Recipient Committee**

Statement Type

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

Date Stamp

**CALIFORNIA
FORM 410**

For Official Use Only
CITY CLERK

2024 MAY -3 AM 11:47

1. Committee Information

**I.D. Number
(If applicable)**

NAME OF COMMITTEE

TERESA FAAPUAA FOR CITY COUNCIL
2024

STREET ADDRESS (NO P.O. BOX)

CITY **Daly City** STATE **CA** ZIP CODE **94015** AREA CODE/PHONE **[REDACTED]**

FULL MAILING ADDRESS (IF DIFFERENT)

Same As Above

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

San Mateo

JURISDICTION WHERE COMMITTEE IS ACTIVE

Daly City

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Javier Rosales

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

Daly City

Ca. 94015

AREA CODE/PHONE

EMAIL ADDRESS OF TREASURER (REQUIRED)

NAME OF ASSISTANT TREASURER, IF ANY

N/A

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

AREA CODE/PHONE

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 **05-03-2024**

DATE

By

TREASURER OR ASSISTANT TREASURER

Executed on **05-03-2024**

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on **_____**

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on **_____**

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

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COMMITTEE NAME	Theresa Faapuaa for City Council 2024			I.D. NUMBER	Pending
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS			AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Pending					
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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE	
THERESA FAAPUA	CITY COUNCIL MEMBER	2024	Nonpartisan	Partisan
			Nonpartisan	Partisan
			(list political party below)	
			(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