

**Statement of Organization**  
**Recipient Committee**  
**Statement Type**

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input type="checkbox"/> 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 MAY 16 PM 2:38  RECEIVED	<b>CALIFORNIA FORM 410</b> For Official Use Only
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<b>1. Committee Information</b> NAME OF COMMITTEE <b>FAAPUAA FOR CITY COUNCIL 2024, THERESA</b> STREET ADDRESS (NO P.O. BOX) [REDACTED] CITY <b>Daly City</b> STATE <b>CA</b> ZIP CODE <b>94015</b> AREA CODE/PHONE [REDACTED] FULL MAILING ADDRESS (IF DIFFERENT) <b>Same as above</b> E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED] COUNTY OF DOMICILE <b>San Mateo</b> JURISDICTION WHERE COMMITTEE IS ACTIVE <b>Daly City</b>  <i>Attach additional information on appropriately labeled continuation sheets.</i>	<b>2. Treasurer and Other Principal Officers</b> NAME OF TREASURER <b>Javier R. Rosales</b> STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED] <b>Daly City CA 94015</b> E-MAIL ADDRESS OF TREASURER (REQUIRED) [REDACTED] NAME OF ASSISTANT TREASURER, IF ANY <b>N/A</b> STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED] E-MAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE [REDACTED] NAME OF PRINCIPAL OFFICER(S) [REDACTED] STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED] E-MAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE [REDACTED]
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**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 information provided is true and correct.

Executed on- <u>05/15/2024</u> DATE	By <u>[REDACTED]</u>	ASSISTANT TREASURER
Executed on <u>05/15/2024</u> DATE	By <u>[REDACTED]</u>	DATE, 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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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME <b>FAAPUAA FOR CITY COUNCIL 2024 THERESA</b>		I.D. NUMBER <b>.1469284</b>	
<b>All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.</b>			
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS <b>Upward Credit Union</b>		AREA CODE/PHONE <b>[REDACTED]</b>	BANK ACCOUNT NUMBER <b>[REDACTED]</b>
ADDRESS OF FINANCIAL INSTITUTION <b>[REDACTED]</b>	CITY <b>Burlingame</b>	STATE <b>CA</b>	ZIP CODE <b>94010</b>

**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		
THERESA FAAPUAA	CITY COUNCIL MEMBER	2024	Nonpartisan	Partisan	(list political party below)
			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