

**Statement of Organization****Recipient Committee****Statement Type** Initial Not yet qualified  
or Date qualification threshold met Amendment Termination – See Part 5

Date qualification threshold met

Date of termination

Date Stamp

**CALIFORNIA FORM 410**

For Official Use Only

CITY OF DALY CITY  
CITY CLERK

2024 MAY 16 PM 2:38

RECEIVED

**1. Committee Information****I.D. Number**  
(if applicable)

1469284

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Javier R. Rosales

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

DALY CITY CA 94015

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

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.

Executed on 05/15/2024

By \_\_\_\_\_

ASSISTANT TREASURER

DATE

Executed on 05/15/2024

By \_\_\_\_\_

DATE, OR STATE MEASURE PROponent

DATE

Executed on \_\_\_\_\_

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on \_\_\_\_\_

DATE

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

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COMMITTEE NAME <i>FAAPUAA FOR CITY COUNCIL 2024 THERESA</i>	I.D. NUMBER <i>1469284</i>
<ul style="list-style-type: none"> <li>• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.</li> </ul>	
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS <i>Upward Credit Union</i>	AREA CODE/PHONE [REDACTED]
ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	CITY <i>Burlingame</i>
	STATE <i>CA</i>
	ZIP CODE <i>94010</i>
<b>4. Type of Committee</b> <i>Complete the applicable sections.</i>	

**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 PROPOSER	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
<i>THERESA FAAPUAA</i>	<i>CITY COUNCIL MEMBER</i>	<i>2024</i>	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> 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	
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE