

**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

2024 MAY 28 PM 3:41

RECEIVED

1. Committee Information

NAME OF COMMITTEE

FAAPUAA FOR CITY COUNCIL 2024. Theresa

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 Daily City STATE CA ZIP CODE 94015 AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

Same as above

EMAIL 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.

3. Verification

I have used all reasonable diligence in preparing this statement of organization and acknowledge 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 is true and correct.

Executed on 05/28/2024 By _____

REASURER OR ASSISTANT TREASURER

Executed on 05/28/2024 By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

FPPC Form 410 (October/2023)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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