

**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: **CITY OF DALY CITY**
CALIFORNIA FORM 410
 For Official Use Only
 2024 MAY 28 PM 3:41
RECEIVED

1. Committee Information		I.D. Number 1469284 <small>(if applicable)</small>		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE FAAPUAA FOR CITY COUNCIL 2024. Theresa		NAME OF TREASURER JAVIER R. ROSALES		CITY STATE ZIP CODE DALY CITY CA 94015	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		EMAIL ADDRESS OF TREASURER (REQUIRED) [REDACTED]		AREA CODE/PHONE [REDACTED]	
CITY STATE ZIP CODE AREA CODE/PHONE Daly City CA 94015 [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY		[REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT) Same as above		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE		[REDACTED]	
EMAIL ADDRESS OF COMMITTEE (REQUIRED) (E-MAIL) (OPTIONAL) [REDACTED]		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)		AREA CODE/PHONE	
COUNTY OF DOMICILE San Mateo	JURISDICTION WHERE COMMITTEE IS ACTIVE Daly City		NAME OF PRINCIPAL OFFICER(S)		[REDACTED]
[REDACTED]		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE		[REDACTED]	
[REDACTED]		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)		AREA CODE/PHONE	

3. Verification

I have used all reasonable diligence in preparing this statement and I have the best 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 05/28/2024 By [REDACTED]
DATE TREASURER OR ASSISTANT TREASURER

Executed on 05/28/2024 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ 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

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COMMITTEE NAME FAAPUAA FOR CITY COUNCIL 2024 THERESA	I.D. NUMBER 1469284
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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 Upward Credit Union	AREA CODE/PHONE	BANK ACCOUNT NUMBER
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ADDRESS OF FINANCIAL INSTITUTION	CITY Burlingame	STATE CA	ZIP CODE 94010
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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)
			<input checked="" type="checkbox"/>		
			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