Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

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COVER PAGE

CALIFORNIA FORM **460**

Page _____ 1 _____ of _2_

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Statement covers period

from __1/2/24__

through __6/30/24__

Date of election if applicable:
(Month, Day, Year)

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [ ] Officeholder, Candidate Controlled Committee
  - [ ] State Candidate Election Committee
  - [ ] Recall
  - *(Also Complete Part 5)*
- [✔] General Purpose Committee
  - [ ] Sponsored
  - [✔] Small Contributor Committee
  - [ ] Political Party/Central Committee

- [ ] Primarily Formed Ballot Measure Committee
  - [ ] Controlled
  - [ ] Sponsored
  - *(Also Complete Part 6)*
- [ ] Primarily Formed Candidate/ Officeholder Committee
  - *(Also Complete Part 7)*

2. Type of Statement:

- [ ] Preelection Statement
- [✔] Semi-annual Statement
- [ ] Termination Statement
  - (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)

- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1055231

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Daly City Firefighters Association

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Redwoodcity	CA	940763	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Daly City	CA	94017	

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Paul Verducci

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Daly City	CA	94017	

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 __7/3/24__ Date   By _____ Signature of Treasurer or Assistant Treasurer

Executed on _____ Date   By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date   By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date   By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM 460

Statement covers period
from 1/2/24
through 6/30/24

Page 2 of 2

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NAME OF FILER

I.D. NUMBER

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 2787.20	$ 2787.20
2. Loans Received	Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 2787.20	$ 2787.20
4. Nonmonetary Contributions	Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 2787.20	$ 2787.20

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditures Made		Column A	Column B
6. Payments Made	Schedule E, Line 4	$ 88.42	$ 88.42
7. Loans Made	Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 88.42	$ 88.42
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3		
10. Nonmonetary Adjustment	Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 88.42	$ 88.42

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	$
/ /	$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 6092.29
13. Cash Receipts	Column A, Line 3 above	2787.20
14. Miscellaneous Increases to Cash	Schedule I, Line 4	
15. Cash Payments	Column A, Line 8 above	88.42
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 8791.07

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$

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