

CITY OF DALY CITY
CITY CLERK

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Carley-Ann Manalo for Daly City Clerk 2020		Date of This Filing 8/13/2020	Date Stamp	CALIFORNIA FORM 497 For Official Use Only RECEIVED
AREA CODE/PHONE NUMBER -----	I.D. NUMBER (if applicable) NOT YET GIVEN / NA	Report No. 1	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
STREET ADDRESS -----		No. of Pages 1		
CITY Daly City	STATE CA	ZIP CODE 94014		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
8/12/2020	Josefina Manalo Daly City, CA 94014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	1,000 <input type="checkbox"/> Check If Loan _____% Provide interest rate
8/12/2020	Renato Satorre 1 a Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business owner Health Professionals, Inc.	1,000 <input type="checkbox"/> Check If Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check If Loan _____% Provide interest rate

Reason for Amendment: _____

* Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

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