Recipie Committee
Campaign Statement
Cover Page

STATEMENT COVERS PERIOD
from 7/01/19 through 12/31/19

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 4)
   - [ ] Primarily Formed Candidate/Officeholder Committee
     - (Also Complete Part 7)

2. Type of Statement:
   - [ ] Pre-election Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement
     (Also file a Form 410 Termination)
   - [x] Amendment (Explain below)

3. Committee Information

   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   JUSLYN MANALO FOR DALY CITY COUNCIL 2020

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

   CITY STATE ZIP CODE AREA CODE/PHONE
   Oakland CA 94605 (510)

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

   CITY STATE ZIP CODE AREA CODE/PHONE
   Daly City CA 94014 (650)

   OPTIONAL: FAX / E-MAIL ADDRESS
   manalofordalycity2020@gmail.com

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.
   
   Executed on 1/31/2020
   By ____________________________
   Treasurer(s)
   NAME OF TREASURER
   Christigale Fernandez

   MAILING ADDRESS

   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   Oakland
   CA
   94605
   (510)

   NAME OF ASSISTANT TREASURER, IF ANY
   Jusly Manalo

   MAILING ADDRESS

   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   Daly City
   CA
   94014
   (650)

   OPTIONAL: FAX / E-MAIL ADDRESS

   Executed on 1/31/2020
   By ____________________________
   Intent Treasurer

   Executed on 1/31/2020
   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure/Proponent

   Executed on 1/31/2020
   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure/Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (888/275-3772)
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
JUSLYN MANALO FOR DALY CITY COUNCIL 2020
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
DALY CITY COUNCIL
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Oakland CA 94605

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER
NAME OF TREASURER CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT
OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary
**Campaign Disclosure Statement**  
**Summary Page**  
Amounts may be rounded to whole dollars.

**Statement covers period**  
from _______________  
through _______________  
**7/01/19**  
**12/31/19**

<table>
<thead>
<tr>
<th>Contributions Received</th>
<th>Column A</th>
<th>Column B</th>
<th>Calendar Year Summary for Candidates Running In Both the State Primary and General Elections</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</td>
<td>TOTAL YEAR TO DATE</td>
<td>1/1 through 6/30</td>
</tr>
<tr>
<td>1. Monetary Contributions</td>
<td>$650.00</td>
<td>$650.00</td>
<td>$800.00</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$650.00</td>
<td>$650.00</td>
<td>$650.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditures Made</th>
<th>Column A</th>
<th>Column B</th>
<th>Expenditure Limit Summary for State Candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>$50.00</td>
<td>$50.00</td>
<td></td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>$50.00</td>
<td>$50.00</td>
<td></td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>$50.00</td>
<td>$50.00</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Cash Statement</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>$4839.30</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>Column A, Line 3 above</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>Column A, Line 6 above</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>$4789.30</td>
</tr>
</tbody>
</table>

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).

**Cash Equivalents and Outstanding Debts**

| Cash Equivalents | $ | $ |
| Outstanding Debts | Add Line 2 + Line 9 in Column B above | $ |

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

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**FPPC Form 460 (Jan/2016)**  
FPPC Advice: advice@fppc.ca.gov (855/275-3772)  
www.fppc.ca.gov
### Schedule A
Monetary Contributions Received

**See Instructions on Reverse**

**NAME OF FILER**

**JUSLYN MANALO FOR DALY CITY COUNCIL 2020**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/22/19</td>
<td>Golden State Equity Group Inc. 883 Sneath Lane, Ste. 227 San Bruno, CA 94066-2411</td>
<td>☑ IND</td>
<td>Insurance Agent, WSB</td>
<td>500.00</td>
<td>500.00</td>
<td></td>
</tr>
<tr>
<td>8/22/19</td>
<td>Hellie Jacinto 2434 Sloat Daly City, CA 94015</td>
<td>☑ IND</td>
<td></td>
<td>100.00</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>8/02/19</td>
<td>Matthias Mormino 301 Chestnut San Francisco, CA 94115-3914</td>
<td>☑ IND</td>
<td></td>
<td>50.00</td>
<td>50.00</td>
<td></td>
</tr>
</tbody>
</table>

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ................................................................. $ 650.00

2. Amount received this period – unitemized monetary contributions of less than $100 .................................................................................................................. $ 650.00

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).................................................................................................................. TOTAL $ 650.00

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*Contributor Codes

- IND – Individual
- COM – Recipient Committee
- OTH – Other (e.g., business entity)
- PTY – Political Party
- SCC – Small Contributor Committee

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FPPC Form 460 (Jan/2016)

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www.fppc.ca.gov
## Schedule E
**Payments Made**

Amounts may be rounded to whole dollars.

### CODES:
- MBR: member communications
- MTG: meetings and appearances
- OFC: office expenses
- PET: petition circulating
- PHO: phone banks
- POL: polling and survey research
- POS: postage, delivery and messenger services
- PRO: professional services (legal, accounting)
- PRT: print ads
- RAD: radio airtime and production costs
- RFD: returned contributions
- SAL: campaign workers' salaries
- TEL: t.v. or cable airtime and production costs
- TRC: candidate travel, lodging, and meals
- TRS: staff/spouse travel, lodging, and meals
- TSF: transfer between committees of the same candidate/sponsor
- WEB: information technology costs (internet, e-mail)

### NAME AND ADDRESS OF PAYEE

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVC</td>
<td>Donation to the foundation</td>
<td>50.00</td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ........................................... $ 50.00
2. Untitemized payments made this period of under $100. ........................................................................... $
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ................. $
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 50.00