

Recipient Committee Campaign Statement Cover Page

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| Date Stamp 2020 SEP 24 P 4:06 RECEIVED | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>16</u> For Official Use Only |

| | |
|--|--|
| Statement covers period from <u>7/01/20</u> through <u>9/19/20</u> | Date of election if applicable: (Month, Day, Year) <u>11/03/20</u> |
|--|--|

SEE INSTRUCTIONS ON REVERSE

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
1416478

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

STREET ADDRESS (NO P.O. BOX)

| | | | |
|----------------|-----------|--------------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Oakland</u> | <u>CA</u> | <u>94605</u> | |

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

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| | | | |

OPTIONAL: FAX / E-MAIL ADDRESS

manalofordalycity2020@gmail.com

Treasurer(s)

NAME OF TREASURER

Christigale Fernandez

MAILING ADDRESS

| | | | |
|----------------|-----------|--------------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Oakland</u> | <u>CA</u> | <u>94605</u> | <u>;</u> |

NAME OF ASSISTANT TREASURER, IF ANY

Juslyn Manalo

MAILING ADDRESS

| | | | |
|------------------|-----------|--------------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Daly City</u> | <u>CA</u> | <u>94014</u> | |

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 9/24/20
Date

By _____

Executed on 9/24/20
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

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

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? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|---|

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

| | |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

| | |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|--------------------------------|
| Statement covers period from <u>7/01/20</u> | CALIFORNIA FORM 460 |
| through <u>9/19/20</u> | |
| Page <u>3</u> of <u>16</u> | |
| I.D. NUMBER 1416478 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JUSLYN MANALO FOR DALY CITY COUNCIL 2020

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ <u>16835</u> | \$ <u>26218</u> |
| 2. Loans Received..... Schedule B, Line 3 | _____ | _____ |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ <u>16835</u> | \$ <u>26218</u> |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | _____ | <u>1430</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ <u>16835</u> | \$ <u>27648</u> |

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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4 | \$ <u>4176</u> | \$ <u>4734</u> |
| 7. Loans Made..... Schedule H, Line 3 | _____ | _____ |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ <u>4176</u> | \$ <u>4734</u> |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | _____ | <u>1430</u> |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | _____ | <u>6164</u> |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | \$ <u>4176</u> | \$ <u>6164</u> |

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 | \$ <u>14972</u> |
| 13. Cash Receipts..... Column A, Line 3 above | <u>16835</u> |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | _____ |
| 15. Cash Payments..... Column A, Line 8 above | <u>4176</u> |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>27631</u> |

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

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 | \$ _____ |

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.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|--|----------------------------|
| Statement covers period from <u>7/01/2020</u> through <u>9/19/20</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>16</u> |
| I.D. NUMBER 1416478 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JUSLYN MANALO FOR DALY CITY COUNCIL 2020

| 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) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-------------------------|--|---|---|-----------------------------|--|---------------------------------------|
| 8/14/20 | SAN MATEO LABOR COUNCIL AFL-CIO, ID# 743-614 1153 Chess Dr, Suite 200 Foster City CA 94404 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250 | | |
| 8/17/20 | KEVIN MULLIN FOR ASSEMBLY 2020 FPPC ID# 1414186 20 Park Rd, Suite E Burlingame CA 94010 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500 | | |
| 8/23/20 | AFT 3267-PIPE 405 Serrano Dr #6B San Francisco, CA 94132 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500 | | |
| 8/24/20 | NURSE BUILDERS ACADEMY 1825 De La Cruz Blvd, Ste 105 Santa Clara, CA 95050-3012 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 100 | | |
| 9/08/20 | NATIONAL UNION OF HEALTHCARE WORKERS Candidate Committee ID# 1318200 1787 Tribute Rd, Ste K Sacramento CA 95815 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500 | | |
| SUBTOTAL \$ 1850 | | | | | | |

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 15750

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 1085

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 16835

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|----------------------------|
| Statement covers period from <u>7/01/20</u> through <u>9/19/20</u> | CALIFORNIA FORM 460 |
| | Page <u>5</u> of <u>16</u> |

| | |
|--|-------------------------------|
| NAME OF FILER JUSLYN MANALO FOR DALY CITY COUNCIL 2020 | I.D. NUMBER 1416478 |
|--|-------------------------------|

| 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) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|---|-----------------------------|--|---------------------------------------|
| 9/08/20 | ST. FRANCIS SQUARE CO., LTD. 79 Saint Francis Square Daly City, CA 94015 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500 | | |
| 9/10/20 | Emil De Guzman San Francisco, CA 94112 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retiree | 100 | | |
| 9/10/20 | DAVID CANEPA FOR SUPERVISOR 2020 FPPC ID# 1399463 20 Park Rd, Suite E Burlingame, CA 94010-1113 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500 | | |
| 9/15/20 | Walter Batara 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 | Retiree | 100 | | |
| 9/16/20 | Angeles Antenor San Jose, CA 95112-2158 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Senior Pastor, Crossroads Christian Center | 200 | | |

SUBTOTAL \$ 1400

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--|
| Statement covers period from <u>7/01/20</u> through <u>9/19/20</u> | CALIFORNIA FORM 460 Page <u>6</u> of <u>16</u> |
|--|--|

| | |
|--|-------------------------------|
| NAME OF FILER JUSLYN MANALO FOR DALY CITY COUNCIL 2020 | I.D. NUMBER 1416478 |
|--|-------------------------------|

| 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) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|---|-----------------------------|--|---------------------------------------|
| 9/16/20 | PLUMBERS & STEAMFITTERS LOCAL NO. 467 State & Political Action Fund ID NL. 782481 1519 Rollins Rd, Burlingame CA 94010-2305 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1000 | | |
| 9/19/20 | Adrienne Tissier 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 | Land Use Consultant, Bay Relations Inc. | 250 | | |
| 8/26/20 | VAN NESS TERRACES LLC 159 El Camino Real Millbrae, CA 94030 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1000 | | |
| 8/26/20 | AGH REALTY GROUP CORPORATION 159 El Camino Real Millbrae, CA 94030 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1000 | | |
| 8/26/20 | JUDAH TERRACES 159 El Camino Real Millbrae, CA 94030 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1000 | | |

SUBTOTAL \$ 4250

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|----------------------------|
| Statement covers period from <u>7/01/20</u> | CALIFORNIA FORM 460 |
| through <u>9/19/20</u> | |
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| | |
|--|-------------------------------|
| NAME OF FILER JUSLYN MANALO FOR DALY CITY COUNCIL 2020 | I.D. NUMBER 1416478 |
|--|-------------------------------|

| 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) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/02/20 | D&C LEE MANAGEMENT LLC 345 Gellert Blvd, Ste D Daly City, CA 94015 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1000 | | |
| 7/10/20 | Jane Kim San Francisco, CA 94104 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self-Employed, Consultant | 250 | | |
| 7/15/20 | Wilson Braulio Sparks, NV 89434 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | District Manager, Illumina | 500 | | |
| 7/17/20 | TECH ROCKS LLC 969G Edgewater #750 Foster City, CA 94404 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 100 | | |
| 7/17/20 | Jose Pecho Walnut Creek, CA 94598 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Director of Community Outreach & Real Estate Acquisitions, Shryne Group | 100 | | |

SUBTOTAL \$ 1950

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|----------------------------|
| Statement covers period from <u>7/01/20</u> through <u>9/19/20</u> | CALIFORNIA FORM 460 |
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| I.D. NUMBER 1416478 | |

NAME OF FILER
JUSLYN MANALO FOR DALY CITY COUNCIL 2020

| 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) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 7/24/20 | Hala Hijazi San Francisco, CA 94123 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Commissioner, City & County of San Francisco | 250 | | |
| 7/26/20 | Benjamin Reyes Alameda, CA 94501 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Judge, Superior Court of California | 100 | | |
| 8/03/20 | Anthony Maffei 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 | Fire Battalion Chief, City of Daly City | 100 | | |
| 8/04/20 | Thomas Temprano San Francisco, CA 94110 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Member Board of Trustees, City College of San Francisco | 150 | | |
| 8/07/20 | Miriam Zouzounis San Francisco, CA 94134 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Commissioner, City and County of San Francisco | 500 | | |

SUBTOTAL \$ 1100

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|--|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from <u>7/01/20</u> | | |
| through <u>9/19/20</u> | | Page <u>9</u> of <u>16</u> |

| | |
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| NAME OF FILER JUSLYN MANALO FOR DALY CITY COUNCIL 2020 | I.D. NUMBER 1416478 |
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| 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) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 8/07/20 | Bernadette Sv San Francisco, CA | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Executive Director, Filipino-American Development Foundation | 250 | | |
| 8/08/20 | Thomas Nuris Daly City, CA | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney at Law | 100 | | |
| 8/19/20 | CAMP UNITY Daly City, CA 94015 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 100 | | |
| 8/28/20 | Elouisa Famatid San Francisco, CA 94109 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Account Manager, Zeisler, Zeisler, Rawson & Johnson, LLP | 100 | | |
| 8/30/20 | Juan Raigoza Redwood City, CA 94062 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Controller, San Mateo County | 100 | | |

SUBTOTAL \$ 650

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>7/01/20</u> through <u>9/19/20</u> | CALIFORNIA FORM 460 |
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| | |
|--|-------------------------------|
| NAME OF FILER JUSLYN MANALO FOR DALY CITY COUNCIL 2020 | I.D. NUMBER 1416478 |
|--|-------------------------------|

| 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) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 8/31/20 | Edgard Espiritu Burlingame, CA 94010 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Manager, Philippine News | 100 | | |
| 9/01/20 | Melinda Dart San Francisco, CA 94112 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Teacher, Jefferson Elementary School District | 100 | | |
| 9/01/20 | Joy Gutierrez-Pilare 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 | Executive Staff Assistant, The Permanente Medical Group | 100 | | |
| 9/02/20 | Edward-Jonathan Dizon 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 | Field Engineer, Pacific Gas & Electric | 100 | | |
| 9/03/20 | Jian Zapata Richmond, VA 23223 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Communications and Engagement Strategist, Team b. Strategy + | 100 | | |
| SUBTOTAL \$ 500 | | | | | | |

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from <u>7/01/20</u> | | |
| through <u>9/19/20</u> | | Page <u>11</u> of <u>16</u> |
| NAME OF FILER | | I.D. NUMBER |
| JUSLYN MANALO FOR DALY CITY COUNCIL 2020 | | 1416478 |

| 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) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-------------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/04/20 | Melissa Ramoso Artesia, CA 90701 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | District Director - 66th District, California State Assembly | 100 | | |
| 9/16/20 | Samantha Hauser Irvine, CA 92612 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Senior Vice President of Development, City Ventures, LLC | 300 | | |
| 9/18/20 | FITPFSE, INC. 2945 Junipero Serra Blvd Daly City, CA 94014-2549 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500 | | |
| 9/18/20 | Marcel Balmeo 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 | President/CEO, MB Financial and Insurance Services | 100 | | |
| 8/07/20 | Lelis Casil Foster City, CA 94404 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self-Employed, Jax Party Supply and Rentals | 100 | 200 | |
| SUBTOTAL \$ 1100 | | | | | | |

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SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>7/01/20</u> through <u>9/19/20</u> | CALIFORNIA FORM 460 |
| | Page <u>12</u> of <u>16</u> |

| | |
|--|-------------------------------|
| NAME OF FILER JUSLYN MANALO FOR DALY CITY COUNCIL 2020 | I.D. NUMBER 1416478 |
|--|-------------------------------|

| 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) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 8/31/20 | Lily Louie 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 | Retiree | 150 | 300 | |
| 8/10/20 | Melanie Hildebrand Petaluma, CA 94952 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner, Hildebrand Real Estate Group | 200 | 300 | |
| 9/02/20 | Rosie Abriam Rockville, MD 20850 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CXO, The Leader Project | 1000 | 1100 | |
| 8/07/20 | Sonia Delen San Francisco, CA 94014 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Senior Vice President, Bank of America Merrill Lynch | 500 | 750 | |
| 8/23/20 | Sonia Reyes 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 | Retiree | 100 | 200 | |

SUBTOTAL \$ 1950

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SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>7/01/20</u> through <u>9/19/20</u> | CALIFORNIA FORM 460 |
| | Page <u>13</u> of <u>16</u> |

| | |
|--|-------------------------------|
| NAME OF FILER JUSLYN MANALO FOR DALY CITY COUNCIL 2020 | I.D. NUMBER 1416478 |
|--|-------------------------------|

| 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) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 7/20/20 | Cherry LeCompte Pleasanton, CA 94588 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Registered Nurse, Seton Hospital | 100 | | |
| 9/02/20 | Carlos Bolanos Jay Redwood City, CA 94062 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sheriff, San Mateo County Sheriff's Office | 150 | | |
| 9/17/20 | Ali Jamalian San Francisco, CA 94122 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Founder/CEO, Kiffen, LLC | 500 | | |
| 8/06/20 | Allyson Tintiangco Fremont, CA 94555 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Professor, San Francisco State University | 100 | 200 | |
| 9/01/20 | Jennifer Navarro San Francisco, CA 94112 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Founder, Claiming Prosperity | 100 | | |

SUBTOTAL \$ 950

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SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>7/01/20</u> through <u>9/19/20</u> | CALIFORNIA FORM 460 |
| | Page <u>14</u> of <u>16</u> |

| | |
|--|-------------------------------|
| NAME OF FILER JUSLYN MANALO FOR DALY CITY COUNCIL 2020 | I.D. NUMBER 1416478 |
|--|-------------------------------|

| 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) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/01/20 | Augustus Tagaro 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 | Resident Engagement Specialist, Mission Economic Development Agency | 50 | 139 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ 50 | | | | | | |

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**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | | |
|--|---------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 7/01/20 | |
| through | 9/19/20 | Page <u>15</u> of <u>16</u> |
| NAME OF FILER | | I.D. NUMBER |
| JUSLYN MANALO FOR DALY CITY COUNCIL 2020 | | 1416478 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|----------------------------|-------------|
| Facebook 1 Hacker Way Menlo Park, CA 94025 | WEB | on-line ads | 165 |
| PayPal 2211 N 1st St San Jose, CA 95131 | WEB | fees for on-line donations | 242 |
| Spotlight Printing 725 Bryan St San Francisco, CA 94107 | PRT | posters/signs | 131 |

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

SUBTOTAL \$ 538

Schedule E Summary

| | |
|---|----------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ 3877 |
| 2. Unitemized payments made this period of under \$100..... | \$ 299 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$ 0 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$ 4176 |

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|-------------------------|---------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 7/01/20 | |
| through | 9/19/20 | Page <u>16</u> of <u>16</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|--|-------------------------------|
| NAME OF FILER JUSLYN MANALO FOR DALY CITY COUNCIL 2020 | I.D. NUMBER 1416478 |
|--|-------------------------------|

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|----------------------------------|-------------|
| Amazon 188 Spear St San Francisco, CA 94105 | OFC | Software for campaign literature | 115 |
| City of Daly City 333 90th St Daly City, CA 94105 | FIL | candidate statement | 1000 |
| Spotlight Printing 725 Bryant St San Francisco, CA 94107 | PRT | posters/signs | 1976 |
| Mailchimp 675 Ponce De Leon Ave NE Atlanta, GA 30308 | WEB | campaign email svcs | 104 |
| Christina Luna Daly City, CA 94014 | WEB | Squarespace website renewal | 144 |

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

SUBTOTAL \$ 3339