

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or Date qualified as committee _____ / _____ / _____
 _____ / _____ / _____ Date qualified as committee Date of termination

Date Stamp
CALIFORNIA FORM 410
 For Official Use Only
 CITY OF DALY CITY
 CITY CLERK
 2018 AUG -2 P 4: 38

1. Committee Information I.D. Number (if applicable) 1387592 **2. Treasurer and Other Principal Officers** **RECEIVED**

NAME OF COMMITTEE
JUSLYN MANALO FOR DALY CITY COUNCIL 2016
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE
Daly City CA 9404
 MAILING ADDRESS (IF DIFFERENT)

 E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

NAME OF TREASURER
CHRISTIALE FERNANDEZ
 STREET ADDRESS (NO P.O. BOX)
 _____ St.
 CITY STATE ZIP CODE AREA CODE/PHONE
Oakland CA 94610 (650)
 NAME OF ASSISTANT TREASURER, IF ANY
JUSLYN Manalo
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE
Daly City CA 94014
 NAME OF PRINCIPAL OFFICER(S)

 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my 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 foregoing is true and correct.

Executed on 8/1/2018 By _____
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 08.01.18 By _____
 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