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
07/31/18

1. Committee Information
I.D. Number 1387592

NAME OF COMMITTEE
JISLYN MANALO FOR DALY CITY COUNCIL
2016

CITY Daly City
STATE CA
ZIP CODE 94014

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

ATTACH ADDITIONAL INFORMATION ON APPROPRIATELY LABELED CONTINUATION SHEETS.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
CHRISTINA FERNANDEZ
STREET ADDRESS AND/or BOX

CITY Oakland
STATE CA
ZIP CODE 94610

NAME OF ASSISTANT TREASURER, IF ANY
JISLYN MANALO
STREET ADDRESS (NO PO. BOX)

CITY Daly City
STATE CA
ZIP CODE 94014

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO PO. BOX)

CITY
STATE
ZIP CODE
AREA CODE/PHONE

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 08/01/18
By

Executed on 08/01/18
By

Executed on
By

Executed on
By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

FPPC Form 410 (February/2018)
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