

Statement of Organization
Recipient Committee

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met

Termination - See Part 5
 Date of termination

Date Stamp

CALIFORNIA FORM 410
For Official Use Only

CITY OF DALY CITY
CITY CLERK

2019 JAN 25 P 4:59

1. Committee Information I.D. Number (if applicable)

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE: **JUSLYN MANALO FOR DALY CITY COUNCIL 2020**

NAME OF TREASURER: **Christina deRemand**

STREET ADDRESS (NO P.O. BOX): **...venue**

CITY: **Oakland** STATE: **CA** ZIP CODE: **94605** AREA CODE/PHONE: **650**

CITY: **Oakland** STATE: **CA** ZIP CODE: **94605** AREA CODE/PHONE: **6503**

NAME OF ASSISTANT TREASURER, IF ANY: **Juslyn Manalo**

STREET: _____

FULL MAILING ADDRESS (IF DIFFERENT): _____

CITY: **Daly City** STATE: **CA** ZIP CODE: **94014** AREA CODE/PHONE: _____

COUNTY OF DOMICILE: _____ JURISDICTION WHERE COMMITTEE IS ACTIVE: **nail.com**

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 1.25.19 By _____

Executed on 01/25/19 By _____

Executed on _____ By _____

Executed on _____ By _____

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
JUSLYN MANAW FOR DALY CITY COUNCIL 2020

All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo	AREA CODE/PHONE 650.	BANK
ADDRESS 490 Broadway Millbrae	CITY CA	STATE
		ZIP CODE 94030

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
JUSLYN MANAW FOR DALY CITY COUNCIL	CITY COUNCIL	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>