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CITY OF DALY CITY
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497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Juslyn Manalo for Daly City Council 2024		9/09/24		For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No 1		
(650)	1469860			
STREET ADDRESS		☐ Amendment to Report No (explain below)		
CITY	STATE / ZIP CODE	No. of Pages 1		
Daly City	CA 94014			

1. Contribution(s) Received

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 OF BUSINESS)	AMOUNT RECEIVED
9/07/24	NATIONAL UNION OF HEALTHCARE WORKERS (NUHW) Committee for Quality Patient Care and Union Democracy - Candidate PAC (ID #1318200) Emeryville, CA 94608	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		2500.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

* 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

Reason for Amendment: _____