497 Contribution Report

Amounts may be rounded to whole dollars.

CALIFORNIA FORM **497**

NAME OF FILER			
Juslyn Manalo for Daly City Council 2024			

Date of This Filing 10/04/24

Date Stamp

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AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*
▓▓▓▓▓▓▓▓	1469860

Report No. 6

STREET ADDRESS ▓▓▓▓▓▓▓▓

☐ Amendment to Report No. _____ (explain below)

CITY	STATE	ZIP CODE
Daly City	CA	94014

No. of Pages 1

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
10/03/24	DALY CITY POLICE OFFICERS' ASSOCIATION PAC ▓▓▓▓▓▓▓▓ Daly City, CA 94015	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		2000.00 ☐ 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: _____