

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Juslyn Manalo for Daly City Council 2024		Date of This Filing 11/06/24	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1469860	Report No. 8	For Official Use Only	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. <u>NOV 03 2024 PM10:13</u> (explain below) No. of Pages <u>1</u>		
CITY Daly City	STATE CA	ZIP CODE 94014	<u>RECEIVED:</u> <u>CITY OF DALY CITY</u> <u>RECEIVED:</u> <u>CITY CLERK NOV 07 2024 AM08:22</u>	

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
11/05/24	Bob McLennan [REDACTED] Daly City, CA 94014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, Planet Fitness	1000.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate
11/05/24	Stacey Ho [REDACTED] Millbrae, CA 94030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marriage Family Therapist, Izzo Marriage and Family Therapy	1000.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ % Provide interest rate

Reason for Amendment: _____

* 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

