

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date Stamp
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CALIFORNIA **460**
FORM

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For Official Use Only

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee	<input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> State Candidate Election Committee	<input type="checkbox"/> Controlled
<input type="checkbox"/> Recall	<input type="checkbox"/> Sponsored
(Also Complete Part 5)	
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<input type="checkbox"/> Sponsored	(Also Complete Part 7)
<input type="checkbox"/> Small Contributor Committee	
<input type="checkbox"/> Political Party/Central Committee	

3. Committee Information

I.D. NUMBER
1469860

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

JUSLYN MANALO FOR DALY CITY COUNCIL 2024

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Daly City CA 94014

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 7/30/25 Date _____

By _____

Executed on 7/30/25 Date _____

By _____ Signature of Controlling Responsible Officer of Sponsor

Executed on _____ Date _____

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date _____

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

JUSLYN MANALO FOR DALY CITY COUNCIL 2024

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Daly City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Daly City CA 94014

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 1/01/2025
through 6/30/2025

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JUSLYN MANALO FOR DALY CITY COUNCIL 2024

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	<i>Schedule A, Line 3</i>	\$ 1600	\$ _____
2. Loans Received.....	<i>Schedule B, Line 3</i>	0	_____
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$ 1600	\$ _____
4. Nonmonetary Contributions.....	<i>Schedule C, Line 3</i>	0	_____
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	\$ 1600	\$ _____

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

		Column A	Column B
6. Payments Made.....	<i>Schedule E, Line 4</i>	\$ 6391	\$ _____
7. Loans Made.....	<i>Schedule H, Line 3</i>	0	_____
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$ 6391	\$ _____
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>	0	_____
10. Nonmonetary Adjustment.....	<i>Schedule G, Line 3</i>	0	_____
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$ 6391	\$ _____

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*	(If Subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yy)	Total to Date
/	/	/	\$ _____
/	/	/	\$ _____

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ 10944	
13. Cash Receipts	<i>Column A, Line 3 above</i>	1600	
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	0	
15. Cash Payments	<i>Column A, Line 8 above</i>	6391	
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 6153	

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED.....	<i>Schedule B, Part 2</i>	\$ 0	
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	<i>See instructions on reverse</i>	\$ 0	
19. Outstanding Debts.....	<i>Add Line 2 + Line 9 in Column B above</i>	\$ 0	

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 1/01/2025
through 6/30/2025

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FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JUSLYN MANALO FOR DALY CITY COUNCIL 2024

I.D. NUMBER
1469860

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/08/2025	SAN MATEO BUILDING TRADES JOINT COUNCIL PAC #870669 Foster City, CA 94404	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	
1/08/2025	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION NO.617	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	
6/01/25	Ronald Wong Los Angeles, CA 90017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal, Imprenta	250	250	
6/18/25	Alexander Tourk San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal, Ground Floor Public Affairs	250	250	
6/30/25	Don Cecil San Francisco, CA 94158	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal, MC2 Bay Area Public Affairs	100	100	

SUBTOTAL \$ 1600

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1600
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 60
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 1660**

*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

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Amounts may be rounded
to whole dollars.

SCHEDULE D

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JUSLYN MANALO FOR DALY CITY COUNCIL 2024

I.D. NUMBER
1469860

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/20/25	David Canepa	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		900	900	
4/01/25	Gina Ortiz Jones	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		100	100	
6/05/25	Aspire PAC	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		250	250	
SUBTOTAL \$ 1250						

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 1500
2. Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)

TOTAL .. \$ 1500

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

1/01/2025

through 6/30/2025

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1. ID NUMBER

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Schedule E
Payments Made

 Amounts may be rounded
 to whole dollars.

Statement covers period

from 1/01/2025through 6/30/2025
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NAME OF FILER

JUSLYN MANALO FOR DALY CITY COUNCIL 2024

I.D. NUMBER

1469860

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

MBR member communications

RAD radio airtime and production costs

CNS campaign consultants

MTG meetings and appearances

RFD returned contributions

CTB contribution (explain nonmonetary)*

OFC office expenses

SAL campaign workers' salaries

CVC civic donations

PET petition circulating

TEL t.v. or cable airtime and production costs

FIL candidate filing/ballot fees

PHO phone banks

TRC candidate travel, lodging, and meals

FND fundraising events

POL polling and survey research

TRS staff/spouse travel, lodging, and meals

IND independent expenditure supporting/opposing others (explain)*

POS postage, delivery and messenger services

TSF transfer between committees of the same candidate/sponsor

LEG legal defense

PRO professional services (legal, accounting)

VOT voter registration

LIT campaign literature and mailings

PRT print ads

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MailChimp NE, Atlanta, GA 30308	WEB		E-Newsletter	576
MailChimp NE, Atlanta, GA 30308	WEB		E-Newsletter	943
Dave & Buster's Daly City, CA 94015	MTG		F&B for Appreciation Gathering	276

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1795

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	6134
2. Unitemized payments made this period of under \$100.....	\$ 257
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 6391

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period
from 1/01/2025
through 6/30/2025

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JUSLYN MANALO FOR DALY CITY COUNCIL 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB Information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MailChimp NE, Atlanta, GA 30308	WEB		E-Newsletter	943
SMCCC Colleges Foundation San Mateo, CA 94402	CVC		Donation for Non-Profit	100
MailChimp NE, Atlanta, GA 30308	WEB		E-Newsletter	943
San Mateo County API Foundation Redwood City, CA 94065	CVC		Donation for Non-Profit	257
MailChimp Atlanta, GA 30308	WEB		E-Newsletter	943

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 3186

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**Schedule E
(Continuation Sheet)
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JUSLYN MANALO FOR DALY CITY COUNCIL 2024

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

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through <u>6/30/2025</u>	FORM
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	1469860

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

MBR member communications

RAD radio airtime and production costs

CNS campaign consultants

MTG meetings and appearances

RFD returned contributions

CTB contribution (explain nonmonetary)*

OFC office expenses

SAL campaign workers' salaries

CVC civic donations

PET petition circulating

TEL t.v. or cable airtime and production costs

FIL candidate filing/ballot fees

PHO phone banks

TRC candidate travel, lodging, and meals

FND fundraising events

POL polling and survey research

TRS staff/spouse travel, lodging, and meals

IND independent expenditure supporting/opposing others (explain)*

POS postage, delivery and messenger services

TSF transfer between committees of the same candidate/sponsor

LEG legal defense

PRO professional services (legal, accounting)

VOT voter registration

LIT campaign literature and mailings

PRT print ads

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MailChimp Atlanta, GA 30308	WEB		E-Newsletter	943
SMCCC Colleges Foundation San Mateo, CA 94402	CVC		Donation for Non-Profit	100
Foundation for Filipina Women's Network	CVC		Donation for Non-Profit	110

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1153

FPPC Form 460 (Jan/2016)

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