

Statement of Organization Recipient Committee

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
_____ / _____ / _____	8 / 20 / 20	_____ / _____ / _____

Date Stamp

**CALIFORNIA
FORM**

410

For Official Use Only

2020 AUG 20 P 2100

1. Committee Information		I.D. Number (if applicable)	2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Carley-Ann for Daly City Clerk 2020		NAME OF TREASURER Maria Arellano-Chan				
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)				
CITY Daly City	STATE CA	ZIP CODE 94014	CITY Burlingame	STATE CA	ZIP CODE 94014	AREA CODE/PHONE 510-464-1234
CITY Daly City		NAME OF ASSISTANT TREASURER, IF ANY Carley-Ann Manalo				
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)				
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		CITY Daly City	STATE CA	ZIP CODE 94014	AREA CODE/PHONE 510-464-1234	
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE			NAME OF PRINCIPAL OFFICER(S)		
STREET ADDRESS (NO P.O. BOX)			CITY Daly City	STATE CA	ZIP CODE 94014	AREA CODE/PHONE 510-464-1234
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 8/20/2020 By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Digitized by srujanika@gmail.com

Executed on _____ By _____

Digitized by srujanika@gmail.com

Executed on _____ By _____
DATE

CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROVONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

Page 2

COMMITTEE NAME Carley-Ann Manalo for Daly City Clerk 2020	I.D. NUMBER
--	-------------

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

NAME OF FINANCIAL INSTITUTION Wells Fargo	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS	CITY Daly City	STATE CA	ZIP CODE 94014

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		(list political party below)
Carley-Ann Manalo	Daly City Clerk	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"/>