**Statement of Organization**

**Recipient Committee**

<table>
<thead>
<tr>
<th>Statement Type</th>
<th>Amendment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>Not yet qualified or Date qualification threshold met</td>
<td></td>
</tr>
<tr>
<td>Date qualification threshold met</td>
<td>8/20/20</td>
</tr>
<tr>
<td>Date of termination</td>
<td></td>
</tr>
</tbody>
</table>

### 1. Committee Information

**I.D. Number**

**NAME OF COMMITTEE**

Carley-Ann for Daly City Clerk 2020

**STREET ADDRESS (NO P.O. BOX)**

**CITY**

Daly City

**STATE**

CA

**ZIP CODE**

94014

**FULL MAILING ADDRESS (IF DIFFERENT)**

**E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)**

**COUNTY OF DOMICILE**

**JURISDICTION WHERE COMMITTEE IS ACTIVE**

Attach additional information on appropriately labeled continuation sheets.

### 2. Treasurer and Other Principal Officers

**NAME OF TREASURER**

Maria Arellano-Chan

**STREET ADDRESS (NO P.O. BOX)**

**CITY**

Burlingame

**STATE**

CA

**ZIP CODE**

94014

**NAME OF ASSISTANT TREASURER, IF ANY**

Carley-Ann Manalo

**STREET ADDRESS (NO P.O. BOX)**

**CITY**

Daly City

**STATE**

CA

**ZIP CODE**

94014

### 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

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### Statement of Organization

**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**
Carley-Ann Manalo for Daly City Clerk 2020

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Fargo</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Daly City</td>
<td>CA</td>
<td>94014</td>
</tr>
</tbody>
</table>

**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 PROONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE |
|-------------------------------------------------------|-------------------------------------------------------------------|------------------|----------------|----------------|
| Carley-Ann Manalo                                      | Daly City Clerk                                                  | 2020             | Nonpartisan    | Partisan       |

**Primarily Formed Committee** Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER’S NAME.</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

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