

Statement of Organization

Recipient Committee

Statement Type

<input checked="" type="checkbox"/> Initial	<input 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
— / — / —	— / — / —	— / — / —

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

CITY OF DALY CITY
CITY CLERK

2019 JAN 25 P 4:59

1. Committee Information

I.D. Number
(if applicable)

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE
JUSLYN MANALO FOR DALY CITY COUNCIL 2020NAME OF TREASURER
Christina alefernandezSTREET ADDRESS (NO P.O. BOX)
Oakland CA 94605 650CITY STATE ZIP CODE AREA CODE/PHONE
Oakland CA 94605 6503CITY STATE ZIP CODE AREA CODE/PHONE
FULTON AVENUENAME OF ASSISTANT TREASURER, IF ANY
Juslyn ManaloCITY STATE ZIP CODE AREA CODE/PHONE
FULTON AVENUECITY STATE ZIP CODE AREA CODE/PHONE
FULTON AVENUE

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.

Executed on 1.25.19 By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on 01/25/19 By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on DATE By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on DATE By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

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

CALIFORNIA FORM 410

Page 2

I.D. NUMBER

COMMITTEE NAME
JUSLYN MANAW FOR DALY CITY COUNCIL 2020

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

NAME OF FINANCIAL INSTITUTION
Wells Fargo AREA CODE/PHONE
650. IT BAN
ADDRESS CITY
Millbrae CA STATE
ZIP CODE
94030

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 PROPOUNDER	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE	
<u>JUSLYN MANAW FOR DALY CITY COUNCIL</u>	<u>CITY COUNCIL</u>	<u>2020</u>	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan

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)

		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>