Statement of Organization Recipient Committee

Statement Type  
- Initial
- Not yet qualified
- Date qualification threshold met
- Date qualification threshold not met

I.D. Number

1. Committee Information

NAME OF COMMITTEE: JUSLYN MANALO FOR DALY CITY COUNCIL 2020

STREET ADDRESS (P.O. BOX):

Oakland CA 94605

CITY  STATE  ZIP CODE

FULL MAILING ADDRESS OF COMMITTEE:

nail.com

COUNTY OF DOMICILE: Alameda


2. Treasurer and Other Principal Officers

NAME OF TREASURER:

Christina REMOVED

STREET ADDRESS (P.O. BOX):

Oakland CA 94605

CITY  STATE  ZIP CODE

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 statements made by me are true and correct.

Executed on: 1/25/19

Executed on: 01/25/10

Executed on: Date

Executed on: Date

FPPC Form 410 August 2019
FPPC Advice: advice@fppc.ca.gov (866/375-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

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

NAME OF FINANCIAL INSTITUTION: Wells Fargo
ADDRESS: Millbrae, CA

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: Juslyn Manalo for Daly City Council
ELECTIVE OFFICE SOUGHT OR HELD: City Council
YEAR OF ELECTION: 2020
PARTY: Nonpartisan

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: []
OPPOSE: []
CHECKING: []

FFPC Form 410 (August 2018)
FFPC Advice: advice@ffpc.ca.gov (866/275-3772)
www.ffpc.ca.gov