Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 1/1/2021
through 6/30/2021

Date of election if applicable:
(Month, Day, Year)
11/3/2020

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   ☑ Officeholder, Candidate Controlled Committee
     ☐ State Candidate Election Committee
     ☐ Recall
       (Also Complete Part 8)
   ☐ General Purpose Committee
     ☐ Sponsored
     ☐ Small Contributor Committee
     ☐ Political Party/Central Committee
   ☐ Primarily Formed Ballot Measure Committee
     ☐ Controlled
     ☐ Sponsored
       (Also Complete Part 8)
   ☐ Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 7)

2. Type of Statement:
   ☑ Pre-election Statement
   ☐ Semi-annual Statement
   ☐ Special Odd-Year Report
   ☐ Quarterly Statement
     Termination Statement
     (Also file a Form 410 Termination)
     Amendment (Explain below)

3. Committee Information
   I.D. NUMBER
   Carley-Ann Manalo for Daly City Clerk 2020

   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
   Carley-Ann Manalo for Daly City Clerk 2020

   MAILING ADDRESS (OR DIFFERENT NO. AND STREET OR P.O. BOX)
   Daly City
   CA
   94014
   OPTIONAL: FAX/E-MAIL ADDRESS

   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   Burlingame
   CA
   94010

   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   Daly City
   CA
   94014
   OPTIONAL: FAX/E-MAIL ADDRESS

   NAME OF TREASURER
   Maria Arellano-Chan

   MAILING ADDRESS

   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   Burlingame
   CA
   94010

   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   Daly City
   CA
   94014

   OPTIONAL: FAX/E-MAIL ADDRESS

   NAME OF ASSISTANT TREASURER, IF ANY
   Carley-Ann Manalo

   MAILING ADDRESS

   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   Burlingame
   CA
   94010

   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   Daly City
   CA
   94014

   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 July 28, 2021
Executed on July 28, 2021
Executed on
Executed on

By
Signature of Responsible Officer
By
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By
Signature of Controlling Officeholder, Candidate, State Measure Proponent
By
Signature of Controlling Officeholder, Candidate, State Measure Proponent
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Carley-Ann Manalo

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Daly City Clerk 2020

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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?

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

[ ] SUPPORT [ ] OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

[ ] SUPPORT [ ] OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

[ ] SUPPORT [ ] OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

[ ] SUPPORT [ ] OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

[ ] SUPPORT [ ] OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

[ ] SUPPORT [ ] OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

[ ] SUPPORT [ ] OPPOSE

Attach continuation sheets if necessary

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### Contributions Received

1. Monetary Contributions .................................. Schedule A, Line 3 $ 0 $ 0
2. Loans Received ............................................. Schedule B, Line 3 $ 0 $ 0
3. SUBTOTAL CASH CONTRIBUTIONS ..................... Add Lines 1 + 2 $ 0 $ 0
4. Nonmonetary Contributions ............................... Schedule C, Line 3 $ 0 $ 0
5. TOTAL CONTRIBUTIONS RECEIVED ................... Add Lines 3 + 4 $ 0 $ 0

### Expenditures Made

6. Payments Made ........................................... Schedule E, Line 4 $ $
7. Loans Made .................................................. Schedule H, Line 3 $ $
8. SUBTOTAL CASH PAYMENTS ............................. Add Lines 6 + 7 $ $
9. Accrued Expenses (Unpaid Bills) ....................... Schedule F, Line 3 $ $
10. Nonmonetary Adjustment ................................. Schedule C, Line 3 $ $
11. TOTAL EXPENDITURES MADE ......................... Add Lines 8 + 9 + 10 $ 0 $ 0

### Current Cash Statement

12. Beginning Cash Balance ............................... Previous Summary Page, Line 16 $ 908.57
13. Cash Receipts ............................................. Column A, Line 3 above 0
14. Miscellaneous Increases to Cash ....................... Schedule I, Line 4 0
15. Cash Payments ........................................... Column A, Line 8 above 0
16. ENDING CASH BALANCE ............................... Add Lines 12 + 13 + 14, then subtract Line 15 $ 908.57

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

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).

### 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  
/ / / $  
/ / / $  

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