

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" 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
____/____/____	____/____/____	02 / 01 / 2022

Date Stamp

**CALIFORNIA
FORM**

410

For Official Use Only

**CITY OF DALY CITY
CITY CLERK**

2022 FEB 22 PM 4:40

1. Committee Information		I.D. Number (if applicable) <i>1416478</i>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE JUSLYN MANALO FOR DALY CITY COUNCIL 2020				NAME OF TREASURER Christigale Fernandez			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Oakland	STATE CA	ZIP CODE 94605	AREA CODE/PHONE [REDACTED]	CITY Oakland	STATE CA	ZIP CODE 94605	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY Juslyn Manalo			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
COUNTY OF DOMICILE Alameda	JURISDICTION WHERE COMMITTEE IS ACTIVE Daly City			CITY Daly City	STATE CA	ZIP CODE 94014	AREA CODE/PHONE [REDACTED]
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY [REDACTED]				STATE [REDACTED]	ZIP CODE [REDACTED]	AREA CODE/PHONE [REDACTED]	
<i>Attach additional information on appropriately labeled continuation sheets.</i>							

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 information is correct.

Executed on 2/1/2022 By _____ TREASURER

Executed on 2/1/22 DATE _____ By _____ TREASURER

Executed on _____ DATE _____ By _____ TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ DATE _____ By _____ TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ DATE _____ By _____ TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

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INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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I.D. NUMBER

1410478

COMMITTEE NAME Juslyn Manalo for Daly City Council 2020		I.D. NUMBER 1410478	
<ul style="list-style-type: none"> • All committees must list the financial institution where the campaign bank account is located. 			
NAME OF FINANCIAL INSTITUTION Wells Fargo	AREA CODE/PHONE 94030	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS [REDACTED]	CITY Millbrae	STATE CA	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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
[REDACTED]	[REDACTED]	[REDACTED]	Nonpartisan	Partisan	(list political party below)
[REDACTED]	[REDACTED]	[REDACTED]	Nonpartisan	Partisan	(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	
[REDACTED]	[REDACTED]	SUPPORT	OPPOSE
[REDACTED]	[REDACTED]	SUPPORT	OPPOSE