

**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	<input type="radio"/> 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) 1416478

NAME OF COMMITTEE

JUSLYN MANALO FOR DALY CITY COUNCIL 2020

STREET ADDRESS (NO P.O. BOX)

CITY

Oakland

STATE

CA

ZIP CODE

94605

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE

Alameda

JURISDICTION WHERE COMMITTEE IS ACTIVE

Daly City

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Christigale Fernandez

STREET ADDRESS (NO P.O. BOX)

CITY

Oakland

STATE

CA

ZIP CODE

94605

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Juslyn Manalo

STREET ADDRESS (NO P.O. BOX)

CITY

Daly City

STATE

CA

ZIP CODE

94014

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

Executed on

2/1/22

By

Executed on

DATE

By

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

Page 2

COMMITTEE NAME Juslyn Manalo for Daly City Council 2020	I.D. NUMBER 1416478
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- 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		
			Nonpartisan	Partisan	(list political party below)
			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	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE