Statement of Organization  
Recipient Type  
Statement Type 
☐ Initial  
☐ Amendment  
☐ Termination – See Part 5  
Date qualification threshold met  
Date of termination  
02/01/2022

1. Committee Information  
NAME OF COMMITTEE  
JUSLYN MANALO FOR DALY CITY COUNCIL 2020  

2. Treasurer and Other Principal Officers  
NAME OF TREASURER  
Christigale Fernandez  

NAME OF ASSISTANT TREASURER, IF ANY  
Juslyn Manalo  

CITY  
Oakland  
STATE  
CA  
ZIP CODE  
94605  
AREA CODE/PHONE  

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

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 that the information furnished (is/are) correct.

Executed on  
2/1/2022  
By  

[Signature]

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

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Fargo</td>
<td>94030</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Millbrae</td>
<td>CA</td>
<td>94030</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Partisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(list political party below)</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee** Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>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.</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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