

**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		Date of termination
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	02 / 01 / 2021

Date Stamp  
**RECEIVED AND FILE**  
in the office of the Secretary of State  
of the State of California  
**FEB 28 2022**  
2022 APR 22 AM 9:52

**CALIFORNIA FORM 410**  
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CITY OF DALY CITY  
CITY CLERK

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <b>JUSLYN MANALO FOR DALY CITY COUNCIL 2020</b>				NAME OF TREASURER <b>Christigale Fernandez</b>			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
CITY STATE ZIP CODE AREA CODE/PHONE <b>Oakland CA 94605 650</b>				CITY STATE ZIP CODE AREA CODE/PHONE <b>Oakland CA 94605 650</b>			
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY <b>Juslyn Manalo</b>			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)			
CITY STATE ZIP CODE AREA CODE/PHONE <b>Oakland CA 94605 650</b>				CITY STATE ZIP CODE AREA CODE/PHONE <b>Daly City CA 94014 650</b>			
COUNTY OF DOMICILE <b>Alameda</b>	JURISDICTION WHERE COMMITTEE IS ACTIVE <b>Daly City</b>			NAME OF PRINCIPAL OFFICER(S)			
<i>Attach additional information on appropriately labeled continuation sheets.</i>				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 foregoing is true and correct.

Executed on 2/1/2022 By \_\_\_\_\_ TREASURER

Executed on 2/1/22 By \_\_\_\_\_ SIGNATURE OF CONT. OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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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		
ADDRESS	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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	

**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