

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

| | |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall | <input type="checkbox"/> Sponsored |
| (Also Complete Part 5) | |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
| <input type="checkbox"/> Sponsored | (Also Complete Part 6) |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

3. Committee Information

I.D. NUMBER
1469860

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Juslyn Manalo for Daly City Council 2024

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Daly City CA 94014

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Statement covers period
from 1/01/24
through 6/30/24

Date of election if applicable:
(Month, Day, Year)
11/05/24

Date Stamp

CALIFORNIA **460**
FORM

Page 1 of 17

For Official Use Only

2. Type of Statement:

| | |
|---|--|
| <input type="checkbox"/> Preelection Statement | |
| <input checked="" type="checkbox"/> Semi-annual Statement | |
| <input type="checkbox"/> Termination Statement | |
| (Also file a Form 410 Termination) | |
| <input type="checkbox"/> Amendment (Explain below) | |

| |
|--|
| <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Special Odd-Year Report |

RECEIVED:

JUL 31 2024 PM05:12

CITY OF DALY CITY

CITY CLERK

Treasurer(s)

NAME OF TREASURER

Christigale Fernandez

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Oakland CA 94602

NAME OF ASSISTANT TREASURER, IF ANY

Juslyn Manalo

MAILING ADDRESS

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 certify under penalty of perjury under the laws of the State of California that the foregoing

schedules is true and complete. I

Executed on 7/31/24 Date 7/31/24

By _____

Executed on 7/31/24 Date 7/31/24

By _____

Executed on _____ Date _____

By _____

Executed on _____ Date _____

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

CALIFORNIA **460**
FORM

Page 2 of 17

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Juslyn Manalo for Daly City Council 2024

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Daly City Council

| | | | |
|-----------------------|-----------|-------|-------|
| RESS (NO. AND STREET) | CITY | STATE | ZIP |
| | Daly City | CA | 94014 |

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? |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | |
|-------------------|------------------------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
|-------------------|------------------------------|

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

| | |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

| | |
|-------------------|--|
| NAME OF TREASURER | CONTROLLED COMMITTEE? |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | |
|-------------------|------------------------------|
| 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 | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

| | |
|-----------------------|---------------------|
| 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 | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|----------------------------|
| Statement covers period from <u>1/01/24</u> | CALIFORNIA FORM |
| through <u>6/30/24</u> | Page <u>3</u> of <u>17</u> |
| I.D. NUMBER <u>1469860</u> | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Juslyn Manalo for Daly City Council 2024

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------|---------------------------|--|--|
| 1. Monetary Contributions..... | <i>Schedule A, Line 3</i> | \$ <u>19975</u> | \$ _____ |
| 2. Loans Received..... | <i>Schedule B, Line 3</i> | \$ _____ | \$ _____ |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | <i>Add Lines 1 + 2</i> | \$ <u>19975</u> | \$ _____ |
| 4. Nonmonetary Contributions..... | <i>Schedule C, Line 3</i> | \$ _____ | \$ _____ |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | <i>Add Lines 3 + 4</i> | \$ <u>19975</u> | \$ _____ |

Expenditures Made

| | | | |
|---|-----------------------------|----------------|----------|
| 6. Payments Made..... | <i>Schedule E, Line 4</i> | \$ <u>2199</u> | \$ _____ |
| 7. Loans Made..... | <i>Schedule H, Line 3</i> | \$ _____ | \$ _____ |
| 8. SUBTOTAL CASH PAYMENTS..... | <i>Add Lines 6 + 7</i> | \$ <u>2199</u> | \$ _____ |
| 9. Accrued Expenses (Unpaid Bills)..... | <i>Schedule F, Line 3</i> | \$ _____ | \$ _____ |
| 10. Nonmonetary Adjustment..... | <i>Schedule C, Line 3</i> | \$ _____ | \$ _____ |
| 11. TOTAL EXPENDITURES MADE..... | <i>Add Lines 8 + 9 + 10</i> | \$ <u>2199</u> | \$ _____ |

Current Cash Statement

| | | | |
|---|--|-----------------|--|
| 12. Beginning Cash Balance | <i>Previous Summary Page, Line 16</i> | \$ <u>0</u> | |
| 13. Cash Receipts | <i>Column A, Line 3 above</i> | \$ <u>19975</u> | |
| 14. Miscellaneous Increases to Cash | <i>Schedule I, Line 4</i> | \$ _____ | |
| 15. Cash Payments | <i>Column A, Line 8 above</i> | \$ <u>2199</u> | |
| 16. ENDING CASH BALANCE | <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>17776</u> | |

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

| | | | |
|------------------------------------|---------------------------|----------|--|
| 17. LOAN GUARANTEES RECEIVED | <i>Schedule B, Part 2</i> | \$ _____ | |
|------------------------------------|---------------------------|----------|--|

Cash Equivalents and Outstanding Debts

| | | | |
|-----------------------------|--|----------|--|
| 18. Cash Equivalents | <i>See Instructions on reverse</i> | \$ _____ | |
| 19. Outstanding Debts | <i>Add Line 2 + Line 9 in Column B above</i> | \$ _____ | |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

| | | |
|----------------------------|----------|----------|
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

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

| | |
|-------|----------|
| / / / | \$ _____ |
| / / / | \$ _____ |

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).

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

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 1/01/24
through 6/30/24

CALIFORNIA **460**
FORM

Page 4 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Juslyn Manalo for Daly City Council 2024

I.D. NUMBER
1469860

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-------------------------|---|---|---|-----------------------------|---|------------------------------------|
| 1/14/24 | Maricris Aquino [REDACTED] Chula Vista, CA 91913 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Paralegal, Lagasse Branche Belle + Kinkead LLP | 100 | 100 | |
| 6/09/24 | Basilia B. Batara [REDACTED] Daly City, CA 94015 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retiree | 200 | 200 | |
| 5/29/24 | Tiffany Bohee [REDACTED] San Francisco, CA 94131 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Senior VP of Development, Lendlease | 100 | 100 | |
| 1/14/24 | Ray Buenaventura [REDACTED] Daly City, CA 94017 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Chief Public Defender, County of Lake | 500 | 500 | |
| 6/09/24 | Michelle Caballero [REDACTED] Daly City, CA 94014 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Pastry Chef, Four Seasons San Francisco | 500 | 500 | |
| SUBTOTAL \$ 1400 | | | | | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 18250
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 1725
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 19975**

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
 from 1/01/24
 through 6/30/24

CALIFORNIA
 FORM **460**
 Page 5 of 17

NAME OF FILER

Juslyn Manalo for Daly City Council 2024

I.D. NUMBER
 1469860

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 6/09/24 | Elenita Cabrera [REDACTED] Daly City, CA 94014 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | none | 100 | 100 | |
| 1/14/24 | Peter Reuben Callxto [REDACTED] Daly City, CA 94014 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Kidney Transplant Coordinator, San Francisco VA Medical Ctr | 100 | 100 | |
| 1/14/24 | Olivia Carpio-Au [REDACTED] Colma, CA 94014 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Executive Assistant, Sony Interactive | 100 | 100 | |
| 6/08/24 | Lelis Casil [REDACTED] Foster City, CA 94404 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self-Employed, Jax Party Supply and Rentals | 100 | 100 | |
| 6/18/24 | Don Cecil [REDACTED] San Francisco, CA 94158 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Principal, MC2 Bay Area Affairs Public Consulting | 200 | 200 | |
| SUBTOTAL \$ 600 | | | | | | |

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 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
 from 1/01/24
 through 6/30/24

CALIFORNIA
 FORM **460**

Page 0 of 17

NAME OF FILER

Juslyn Manalo for Daly City Council 2024

I.D. NUMBER

1469860

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-------------------------|---|---|---|-----------------------------|---|------------------------------------|
| 6/07/24 | Janice Coloma-Chi [REDACTED] Lathrop, CA 95330 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner/Doctor of Chiropractic, Janice Coloma DC | 100 | 100 | |
| 1/14/24 | Maricha Dagcuta [REDACTED] Daly City, CA 94014 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Registered Nurse, Peninsula Orthopedic Associates, Inc. | 100 | 100 | |
| 1/14/24 | Roderick Daus-Magbuat [REDACTED] Daly City, CA 94014 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Professor, Skyline College | 250 | 250 | |
| 1/14/24 | Eleanour Cerezo Fernandez [REDACTED] San Jose, CA 95126 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | none | 100 | 100 | |
| 6/01/24 | Sonia Delen [REDACTED] San Francisco, CA 94116 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Senior Vice President, Bank of America Merrill Lynch | 500 | 500 | |
| SUBTOTAL \$ 1050 | | | | | | |

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 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
 from 1/01/24 through 6/30/24
 CALIFORNIA FORM **460**
 Page 7 of 17

NAME OF FILER

Juslyn Manalo for Daly City Council 2024

I.D. NUMBER
 1469860

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-------------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 6/03/24 | Sonia Delen [REDACTED] San Francisco, CA 94116 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Senior Vice President, Bank of America Merrill Lynch | 500 | 1000 | |
| 1/14/24 | Christigale Fernandez [REDACTED] Oakland, CA 94602 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Citywide Executive, Marriott International | 250 | 250 | |
| 1/25/24 | Mason Fong [REDACTED] San Mateo, CA 94402 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Chief Executive Officer, Silicon Valley Strategies LLC | 100 | 100 | |
| 6/09/24 | Natalie Garcia Lashinsky [REDACTED] Redwood City, CA 94062 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Litigation Partner, Husch Blackwell | 200 | 200 | |
| 6/09/24 | Joy Gutierrez-Pilare [REDACTED] Daly City, CA 94014 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Executive Staff Assistant, The Permanente Medical Group | 100 | 100 | |
| SUBTOTAL \$ 1150 | | | | | | |

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 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT)

Statement covers period
 from 1/01/24 through 6/30/24
 Page 8 of 17

CALIFORNIA FORM **460**

NAME OF FILER

Juslyn Manalo for Daly City Council 2024

I.D. NUMBER

1469860

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|---|-----------------------------|---|------------------------------------|
| 1/11/24 | Jereca Lam [REDACTED] Elk Grove, CA 95624 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner, Salon 119 | 100 | 100 | |
| 6/09/24 | Nelson Lam [REDACTED] Pleasant Hill, CA 94523 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Senior Counsel, Uber | 200 | 200 | |
| 6/30/24 | Cherry LeCompte [REDACTED] Pleasanton, CA 94588 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Registered Nurse, Seton Hospital | 100 | 100 | |
| 5/29/24 | Ivy Lee [REDACTED] San Francisco, CA 94122 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Director of Victim Services, City and County of San Francisco | 100 | 100 | |
| 1/14/24 | Angella Logarta [REDACTED] Daly City, CA 94014 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | VP Financial Center Manager, Bank of America | 50 | 100 | |
| SUBTOTAL \$ 550 | | | | | | |

*Contributor Codes

IND - Individual

COM - Recipient Committee
 (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016)

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
 from 1/01/24
 through 6/30/24
 Page 9 of 17

CALIFORNIA
 FORM **460**

NAME OF FILER

Juslyn Manalo for Daly City Council 2024

I.D. NUMBER
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| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-------------------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/14/24 | Pilar Manalo [REDACTED] Elk Grove, CA 95758 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retiree | 500 | 500 | |
| 6/09/24 | Pilar Manalo [REDACTED] Elk Grove, CA 95758 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retiree | 500 | 1000 | |
| 1/14/24 | Josefina Manalo [REDACTED] Daly City, CA 94014 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retiree | 200 | 200 | |
| 1/14/24 | Christine Melendres [REDACTED] San Ramon, CA 94582 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Founder/ Psychotherapist, Sweet Mango Therapy Group | 100 | 100 | |
| 6/03/24 | Christine Melendres [REDACTED] San Ramon, CA 94582 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Founder/ Psychotherapist, Sweet Mango Therapy Group | 200 | 300 | |
| SUBTOTAL \$ 1500 | | | | | | |

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 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
 from 1/01/24

CALIFORNIA
 FORM **460**

through 6/30/24

Page 10 of 17

NAME OF FILER

Juslyn Manalo for Daly City Council 2024

I.D. NUMBER

1469860

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-------------------------|---|---|---|-----------------------------|---|------------------------------------|
| 6/07/24 | Marily Mondejar [REDACTED] San Francisco, CA 94105 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CEO, Filipina Women's Network | 500 | 500 | |
| 6/08/24 | Lourdes Moldre [REDACTED] Vallejo, CA 94591 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Patient Care Director, UCSF Health | 250 | 250 | |
| 1/14/24 | Victoria Palomar [REDACTED] Daly City, CA 94015 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retiree | 100 | 100 | |
| 3/03/24 | Michael Pandillan [REDACTED] San Francisco, CA 94115 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Procurement Contract Specialist, Santa Clara County Procurement | 100 | 100 | |
| 6/08/24 | Michael Pandillan [REDACTED] San Francisco, CA 94115 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Procurement Contract Specialist, Santa Clara County Procurement | 100 | 200 | |
| SUBTOTAL \$ 1050 | | | | | | |

*Contributor Codes

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COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
 from 1/01/24
 through 6/30/24

CALIFORNIA
 FORM **460**
 Page 11 of 17

NAME OF FILER

Juslyn Manalo for Daly City Council 2024

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEO. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------|---|------------------------------------|
| 1/22/24 | Rose Pavone [REDACTED] San Bruno, CA 94066 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Manager, RP Property Management and Services | 100 | 100 | |
| 1/14/24 | John Penacerrada [REDACTED] Daly City, CA 94014 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self-Employed, NXS | 100 | 100 | |
| 6/15/24 | Sonia Reyes [REDACTED] Daly City, CA 94014 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retiree | 200 | 200 | |
| 6/04/24 | Ray Satorre [REDACTED] Daly City, CA 94014 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self-Employed, Pilipino Bayanihan Center | 1000 | 1000 | |
| 6/09/24 | Tim Schulze [REDACTED] South San Francisco, CA 94083 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Associate Chief Operation Officer, Seton Medical Center | 500 | 500 | |

SUBTOTAL \$ 1900

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
 from 1/01/24
 through 6/30/24

CALIFORNIA
 FORM **460**

Page 12 of 17

NAME OF FILER

Juslyn Manalo for Daly City Council 2024

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-------------------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/14/24 | Daniel Towers-Carbalal [REDACTED] San Carlos, CA 94070 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sr. Marketing Director, World Financial Group | 100 | 100 | |
| 1/14/24 | Angela Wu [REDACTED] Milpitas, CA 95035 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Commercial Realtor, Oxbridge Int'l Co. | 200 | 200 | |
| 6/07/24 | Mona Pasquill Yuchengco [REDACTED] Redwood City, CA 94062 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Consultant and Contractor, Non-Profit Organization | 250 | 250 | |
| 1/14/24 | HC SOLUTIONS [REDACTED] San Francisco, CA 94124 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250 | 250 | |
| 1/14/24 | D & C LEE MANAGEMENT, LLC [REDACTED] Daly City, CA 94015 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 2000 | 2000 | |
| SUBTOTAL \$ 2800 | | | | | | |

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA
 FORM

460

Statement covers period
 from 1/01/24
 through 6/30/24

Page 13 of 17

NAME OF FILER

Juslyn Manalo for Daly City Council 2024

I.D. NUMBER
 1469860

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-------------------------|---|---|---|-----------------------------|---|------------------------------------|
| 5/28/24 | Mona Pasquill Yuchengco [REDACTED] Redwood City, CA 94062 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Consultant and Contractor, Non-Profit Organization | 250 | 500 | |
| 1/14/24 | PRESTO HOME LOANS, INC [REDACTED] San Bruno, CA 94066 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500 | 500 | |
| 1/14/24 | TURNER REAL ESTATE, INC [REDACTED] Half Moon Bay, CA 94019 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 200 | 200 | |
| 1/17/24 | NURSE BUILDERS ACADEMY [REDACTED] Santa Clara, CA 95050 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250 | 250 | |
| 6/29/24 | FRIENDS FILIPINO AMERICAN COMMUNITY PAC [REDACTED] PITTSBURG, CA 94565 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 100 | 100 | |
| SUBTOTAL \$ 1300 | | | | | | |

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SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
 from 1/01/24
 through 6/30/24

CALIFORNIA FORM **460**

Page 14 of 17

NAME OF FILER

Juslyn Manalo for Daly City Council 2024

I.D. NUMBER

1469860

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-------------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 6/09/24 | RINOV CONECTIONS REAL ESTATE Daly City, CA 94014 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 100 | 100 | |
| 6/09/24 | EL CAMINO TERRACES LLC Millbrae, CA 94030 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1000 | 1000 | |
| 6/07/24 | SAN MATEO COUNTY FIREFIGHTERS, Political Activities Committee, FPPC ID#1261372 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1000 | 1000 | |
| 6/20/24 | DUGGAN'S SERRA MORTUARY Daly City, CA 94014 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500 | 500 | |
| 6/28/24 | DAVID CANEPA FOR SUPERVISOR 2024, 20 Park Road, Suite E | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1000 | 1000 | |
| SUBTOTAL \$ 3600 | | | | | | |

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SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
 from 1/01/24 through 6/30/24
 CALIFORNIA FORM **460**
 Page 15 of 17

NAME OF FILER

Juslyn Manalo for Daly City Council 2024

I.D. NUMBER

1469860

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|---|-----------------------------|---|---------------------------------------|
| 6/09/24 | Chel Gilla [REDACTED] Daly City, CA 94014 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Founder, Tselogs Corp | 250 | 250 | |
| 6/03/24 | Wendy Ho [REDACTED] San Jose, CA 95123 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Chief of Staff, City and County of Santa Clara | 100 | 100 | |
| 6/09/24 | Myrlam Sayo Sunga [REDACTED] Daly City, CA 94014 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Teachers Assistant, Jefferson Elementary School District | 200 | 200 | |
| 6/10/24 | Jessica Jasmine Ho [REDACTED] San Francisco, CA 94122 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Government and Community Affairs Director, North East | 100 | 100 | |
| 5/27/24 | Donny Deleon [REDACTED] San Francisco, CA 94127 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Asst. Director, Radiology, The Kaiser Permanente Medical Group | 100 | 100 | |
| SUBTOTAL \$ 750 | | | | | | |

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
 from 1/01/24
 through 6/30/24

CALIFORNIA
 FORM **460**
 Page 10 of 17

NAME OF FILER

Juslyn Manalo for Daly City Council 2024

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 6/08/24 | Genevieve Jopanda [REDACTED] Sacramento, CA 95825 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Chief of Staff to Chairwoman, Fiona Ma | 200 | 200 | |
| 5/27/24 | Harini Krishnan [REDACTED] Hillsborough, CA 94010 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self-Employed, Musician | 100 | 100 | |
| 6/05/24 | Harini Krishnan [REDACTED] Hillsborough, CA 94010 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self-Employed, Musician | 100 | 200 | |
| 6/09/24 | Rosemarie Sancliangco [REDACTED] Daly City, CA 94014 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Teacher, Izzi at South San Francisco | 100 | 100 | |
| 6/07/24 | Audrey Tendell [REDACTED] Millbrae, CA 94013 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | None | 100 | 100 | |
| SUBTOTAL \$ 600 | | | | | | |

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**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Juslyn Manalo for Daly City Council 2024

Statement covers period
from 1/01/24

through 6/30/24

Page 17 of 17

I.D. NUMBER

1469860

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | Independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | Information technology costs (Internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Spotlight Printing | LIT | | Flyers/Banners | 623 |
| Tselogs | FND | | Fundraiser Food | 1483 |
| | | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2106

Schedule E Summary

| | |
|--|----------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 2106 |
| 2. Unitemized payments made this period of under \$100..... | \$ 93 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ 0 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 2199 |