

Copy

Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified

or

Date qualification threshold met

12 / 28 / 2021

Amendment

Date qualification threshold met

Termination – See Part 5

Date of termination



CALIFORNIA FORM 410

For Official Use Only

1. Committee Information		I.D. Number <small>(if applicable)</small>	2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE Dr. Manansala for County Superintendent in 2022			NAME OF TREASURER Marielena Holler	
STREET ADDRESS (NO P.O. BOX) [REDACTED]			STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY STATE ZIP CODE [REDACTED]			AREA CODE/PHONE (530) 306-1374	
FULL MAILING ADDRESS (IF DIFFERENT) SAA			NAME OF ASSISTANT TREASURER, IF ANY NA	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) manansala2022@aol.com			STREET ADDRESS (NO P.O. BOX) NA	
COUNTY OF DOMICILE El Dorado		JURISDICTION WHERE COMMITTEE IS ACTIVE El Dorado County	CITY STATE ZIP CODE AREA CODE/PHONE NA	
Attach additional information on appropriately labeled continuation sheets.			NAME OF PRINCIPAL OFFICER(S) NA	
			STREET ADDRESS (NO P.O. BOX) NA	
			CITY STATE ZIP CODE AREA CODE/PHONE NA	

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 provided is true and correct.

Executed on 12/28/2021 By [REDACTED]
DATE SIGNATURE OF THE BOARD OR ASSISTANT TREASURER

Executed on 12/28/2021 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on NA By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on NA By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Dr. Manansala for County Superintendent in 2022	I.D. NUMBER Not yet issued
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE (530) 622-5694	BANK ACCOUNT NUMBER 2027326459
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ADDRESS 186 Placerville Drive	CITY Placerville	STATE CA	ZIP CODE 95667
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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		(list political party below)
			Nonpartisan	Partisan	
Edward F. Manansala	County Superintendent of Schools	2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
NA			<input type="checkbox"/>	<input type="checkbox"/>	(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
NA		<input type="checkbox"/>	<input type="checkbox"/>
NA		<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

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I.D. NUMBER

Not yet issued

COMMITTEE NAME

Dr. Manansala for County Superintendent in 2022

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

NA

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

NA

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NA

Small Contributor Committee

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.