

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met ____/____/____	<input type="checkbox"/> Amendment Date qualification threshold met ____/____/____	<input type="checkbox"/> Termination – See Part 5 Date of termination ____/____/____
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Date Stamp	CALIFORNIA FORM 410 For Official Use Only
CITY OF DALY CITY CITY CLERK 2022 JAN 20 PM 1:23	

1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE				NAME OF TREASURER	
MANUFOU LIAGA ANOAI FOR DALY CITY COUNCIL 2022				TINOI FILI ELISARA	
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)	
[REDACTED]				[REDACTED]	
CITY	STATE	ZIP CODE	AREA CODE/PHONE	STATE	ZIP CODE
DALY CITY, CA	CA	94015	[REDACTED]	CA	94066
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY	
N/A					
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)	
[REDACTED].COM					
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE			CITY	
SAN MATEO COUNTY				STATE	
Attach additional information on appropriately labeled continuation sheets.				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	<u>1/18/2022</u>	By	<u>[REDACTED]</u>	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>1/17/2022</u>	By	<u>[REDACTED]</u>	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	<u>[REDACTED]</u>	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
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INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

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I.D. NUMBER

2022 JAN 20 PM 1:11

COMMITTEE NAME

MANUFOU LIAIGA ANOA' I FOR DALY CITY COUNCIL 2022

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

RECEIVED

NAME OF FINANCIAL INSTITUTION

WELLS FARGO

ADDRESS

CITY

STATE

ZIP CODE

SAN BRUNO

CA

94066

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

MANUFOU LIAIGA ANOA' I FOR DALY CITY COUNCIL 2022	CITY COUNCIL	2022	Nonpartisan <input checked="" type="checkbox"/>	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