

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="checkbox"/> Not yet qualified or		
<input type="checkbox"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

Date Stamp

**CALIFORNIA
FORM**

410

For Official Use Only

CITY OF DALY CITY
CITY CLERK

2022 JAN 20 PM 1:23

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1. Committee Information		I.D. Number (if applicable)	2. Treasurer and Other Principal Officers		
NAME OF COMMITTEE		NAME OF TREASURER			
MANUFOU LIAIGA ANOAI FOR DALY CITY COUNCIL 2022		TINOI FILI ELISARA			
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CA	94066
DALY CITY, CA 94015					
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY			
N/A					
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		CITY			STATE ZIP CODE AREA CODE/PHONE
.COM					
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)		
SAN MATEO COUNTY					
STREET ADDRESS (NO P.O. BOX)		CITY			STATE ZIP CODE 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 foregoing is true and correct.

Executed on	<u>1/18/2022</u>	By		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>1/17/2022</u>	By		SIGNATURE OF CONTROLLING OFFICHEHOLDER, CANDIDATE, OR STATE MEASURE PROPOVENT
Executed on	<u> </u>	By		SIGNATURE OF CONTROLLING OFFICHEHOLDER, CANDIDATE, OR STATE MEASURE PROPOVENT
Executed on	<u> </u>	By		SIGNATURE OF CONTROLLING OFFICHEHOLDER, CANDIDATE, OR STATE MEASURE PROPOVENT

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INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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CITY CLERK

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.

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NAME OF FINANCIAL INSTITUTION
WELLS FARGO

ADDRESS
SAN BRUNO

CITY
CA

STATE
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
<i>MANUFOU LIAIGA- ANOA'I FOR DALY CITY COUNCIL 2022</i>	<i>CITY COUNCIL</i>	<i>2022</i>	<input checked="" type="checkbox"/> Nonpartisan <input type="checkbox"/> Partisan (list political party below)
			<input type="checkbox"/> Nonpartisan <input type="checkbox"/> 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
		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE