

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER California Working Families Party			Date of This Filing 10/12/2022	Date Stamp CITY OF DALY CITY CL 2022 OCT 12 AM 11:09 RECEIVED CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1438874		Report No. 1	
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. (explain below)	
CITY Brooklyn	STATE NY	ZIP CODE 11201	No. of Pages 2	

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Manufou Liaiga-Anoa'i				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD City Council	DISTRICT NO. Daly City	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/12/2022	Digital Ads	\$4,000

Reason for Amendment \_\_\_\_\_

# 496 Independent Expenditure Report

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NAME OF FILER California Working Families Party		Date of This Filing 10/12/2022	Date Stamp CITY OF DALY CITY CL 2022 OCT 12 AM 11:08 RECEIVED CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1438874	Report No. 2	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Brooklyn	STATE NY	ZIP CODE 11201	
		No. of Pages 1	

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Ray Buenaventura				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD City Council	DISTRICT NO. Daly City	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

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AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) <b>1438874</b>		Report No. <u>3</u>		
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>Brooklyn</b>	STATE <b>NY</b>	ZIP CODE <b>11201</b>	No. of Pages <u>1</u>		

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED <b>Rod Daus-Magbual</b>				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD <b>City Council</b>	DISTRICT NO. <b>Daly City</b>	SUPPORT <b>X</b>	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

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