

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 DA CITY CL 2022 OCT 12 AM 11:09	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1438874	Report No. 1	RECEIVED	
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

OFFICE SOUGHT OR HELD City Council	DISTRICT NO. Daly City	SUPPORT X	OPPOSE	NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED	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 _____

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CITY Brooklyn	STATE NY	ZIP CODE 11201

Date of This Filing 10/12/2022
2
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(explain below)
No. of Pages 1

Date/Stamp
CITY OF DA
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CALIFORNIA
FORM

496

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RECEIVED

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED

Ray Buenaventura

OFFICE SOUGHT OR HELD

City Council

DISTRICT NO.

Daly City

SUPPORT

X

OPPOSE

NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED

BALLOT NO./LETTER

JURISDICTION

SUPPORT

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

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED

Rod Daus-Magbul

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

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