

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	CALIFORNIA FORM 496
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1438874	Report No. 2		For Official Use Only
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Brooklyn	STATE NY	ZIP CODE 11201	No. of Pages 1	7022 OCT 31 AM 9:53 RECEIVED

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
10/28/2022	Digital Ads	\$3,553,33

Reason for Amendment _____

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