

**Statement of Organization
Recipient Committee**

Statement Type

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

Date of termination

12 / 31 / 2022

Date Stamp

CITY OF DALY CITY
CITY CLERK

Feb 01
2022 JAN 32 AM 9:18
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RECEIVED

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information

I.D. Number
(if applicable) 1447081

NAME OF COMMITTEE

Liaiga Anoai for Daly City Council 2022: Manufou

STREET ADDRESS (NO P.O. BOX)

| | | | |
|-----------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Daly City | CA | 94015 | _____ |

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

| | |
|--------------------|--|
| COUNTY OF DOMICILE | JURISDICTION WHERE COMMITTEE IS ACTIVE |
| San Mateo | Daly City |

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.

Executed on 02/01/2024 By _____
DATE _____ FOR ASSISTANT TREASURER

Executed on _____ By _____
DATE _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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| | |
|--|------------------------|
| COMMITTEE NAME Liaiga Anoai for Daly City Council 2022; Manufou | I.D. NUMBER 1447081 |
|--|------------------------|

- All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

| NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Wellsfargo Bank | | AREA CODE/PHONE [REDACTED] | BANK ACCOUNT NUMBER [REDACTED] |
|--|-------------------|-------------------------------|-----------------------------------|
| ADDRESS OF FINANCIAL INSTITUTION [REDACTED] | CITY San Bruno | STATE CA | ZIP CODE 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 Manufou Liaiga Anoai | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) City Council | YEAR OF ELECTION 2022 | PARTY CHECK ONE Nonpartisan 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 |

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COMMITTEE NAME

Liaiga Anoai for Daly City Council 2022; Manufou

I.D. NUMBER

4. Type of Committee *(Continued)*

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Terminate Committee

Sponsored Committee

List additional sponsors on an attachment.

| | | | | |
|-----------------|--|------|-------|-----------------|
| NAME OF SPONSOR | INDUSTRY GROUP OR AFFILIATION OF SPONSOR | | | |
| STREET ADDRESS | NO. AND STREET | CITY | STATE | ZIP CODE |
| | | | | AREA CODE/PHONE |

Small Contributor Committee

____/____/____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.