Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Amendment
☐ Termination – See Part 5

Date qualified as committee: 05/17/2018
Date of termination: 05/17/2018

1. Committee Information
NAME OF COMMITTEE
Pamela Di Giovanni for Daly City Council
2018

I.D. Number
1404560

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Renee Marie Brezovea

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

COUNTRY OF DOMICILE
San Mateo County

JURISDICTION WHERE COMMITTEE IS ACTIVE

Daly City

CA

94015

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
pamelaforbaycitycouncil2018@gmail.com

NAME OF ASSISTANT TREASURER, IF ANY

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

AREA CODE/PHONE

MARK FOR Daly City Council

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
that the foregoing is true and correct.

EXECUTED ON
05/25/2018

DATE

SIGNED OR ASSISTANT TREASURER

EXECUTED ON
05/25/2018

DATE

EXECUTED ON

DATE

EXECUTED ON

DATE

FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
**Statement of Organization**
**Recipient Committee**

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**COMMITTEE NAME**
Pamela Di Giovanni for Daly City Council 2018

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- All committees must list the financial institution where the campaign bank account is located.

**NAME OF FINANCIAL INSTITUTION**
Wells Fargo Bank, N.A.

**AREA CODE/PHONE**
650

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**ADDRESS**
601 Westlake Center Daly City CA 94015

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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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pamela Di Giovanni</td>
<td>Daly City Council</td>
<td>Nonpartisan</td>
<td>Partisan</td>
</tr>
</tbody>
</table>

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**Primarily Formed Committee** Primarily formed to support or oppose specific candidates or measures in a single election. List below:

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**Candidate(s) Name or Measure(s) Full Title (Include Ballot No. or Letter)**

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**Candidate(s) Office Sought or Held or Measure(s) Jurisdiction (Include District No., City or County, As Applicable)**

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