497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Daly City Police Officers Association PAC		9/12/2018	CITY OF DALY CITY CITY CLERK	For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. 18-1	2018 SEP 13 A 11:24	
650-997-3272	862148			
STREET ADDRESS		☐ Amendment to Report No. (explain below)	RECEIVED	
[illegible]				
CITY	STATE / ZIP CODE	No. of Pages 1		
Daly City	CA 94015			

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
9/12/2018	Pamela DiGiovanni for Daly City Council 2018 [illegible] Daly City, CA 94015 FPPC#1404560	Pamela DiGiovanni Daly City City Council	$5000	11/6/2018

Reason for Amendment: _____