

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5

Not yet qualified
 or
 Date qualified as committee _____ / _____ / _____
 _____ / _____ / _____
 Date qualified as committee Date of termination

| | |
|--|--------------------------------|
| Date Stamp | CALIFORNIA FORM 410 |
| OFFICE OF THE CLERK DALY CITY CLERK 2018 MAR 15 A 11:15 AM | |
| For Official Use Only | |

| | |
|---------------------------------|--|
| 1. Committee Information | 2. Treasurer and Other Principal Officers |
|---------------------------------|--|

I.D. Number (if applicable) *Pending*

NAME OF COMMITTEE
Pamela DiGiovanni for Daly City Council 2018

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Daly City CA 94015

MAILING ADDRESS (IF DIFFERENT)

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

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

NAME OF TREASURER
Marie Brizuela

STREET ADDRESS (NO P.O. BOX)

| | | | |
|-------------------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Broadmoor Village | CA | 94015 | 650-7 |

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

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 that the foregoing is true and correct.

Executed on 3-14-18 By _____
DATE SIGNATURE OF CONTROLLING OFFICER OR ASSISTANT TREASURER

Executed on 3-14-18 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

Pamela DiGiovanni for Daly City Council 2018

I.D. NUMBER

- 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-... | BANK ACCOUNT NUMBER |
| ADDRESS 601 Westlake Center | CITY Daly City | STATE CA |
| | | ZIP CODE 94015 |

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 | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | CHECK ONE | | PARTY (list political party below) |
|--|---|------------------|-------------------------------------|--------------------------|---------------------------------------|
| | | | Nonpartisan | Partisan | |
| Pamela DiGiovanni | Daly City Council | 2018 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |

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 |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |