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

1. Committee Information

I.D. Number (if applicable) Pending

NAME OF COMMITTEE
Pamela DiGiovanni for Daly City Council 2018

STREET ADDRESS (NO P.O. BOX)

CITY: Daly City
STATE: CA
ZIP CODE: 94015

Mailing Address (if different)

CITY: Daly City
STATE: CA
ZIP CODE: 94015

NAME OF COMMITTEE, if any

CITY: Daly City
STATE: CA
ZIP CODE: 94015

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Marie Brizuela

STREET ADDRESS (NO P.O. BOX)

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

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

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

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY: Daly City
STATE: CA
ZIP CODE: 94015
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

Executed on 3-14-18
By

Executed on
By

Executed on
By

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

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**
Pamela DiGiovanni for Daly City Council 2018

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Fargo Bank, N.A.</td>
<td>405-405-4050</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>601 Westlake Center Daly City</td>
<td></td>
<td>CA</td>
<td>94015</td>
</tr>
</tbody>
</table>

**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 PROONENT</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 DiGiovanni</td>
<td>Daly City Council</td>
<td>2018</td>
<td>☑️ Nonpartisan ☐️ Partisan (list political party below)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>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.</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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