

Recipient Committee Campaign Statement Cover Page

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|--|--|
| Date Stamp CITY OF DALY CITY CLERK 2019 JUL 31 P 2:15 RECEIVED | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>5</u> For Official Use Only |

| | |
|--|--|
| Statement covers period from <u>January 1, 2019</u> through <u>June 30, 2019</u> | Date of election if applicable: (Month, Day, Year) <u>11/06/2018</u> |
|--|--|

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|--|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="radio"/> State Candidate Election Committee <input type="radio"/> Recall <small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="radio"/> Controlled <input type="radio"/> Sponsored <small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee <input type="radio"/> Sponsored <input type="radio"/> Small Contributor Committee <input type="radio"/> Political Party/Central Committee | <input checked="" type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER 1964560

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Pamela DiGiovanni for Daly City Council 2018

STREET ADDRESS (NO P.O. BOX)

Daly City CA 94015 415-1234
CITY STATE ZIP CODE AREA CODE/PHONE

Same as above

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

Daly City CA 94015 415-1234
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s) Marie Brizuela

NAME OF TREASURER

MAILING ADDRESS

Colma CA 94015 650-1234
CITY STATE ZIP CODE AREA CODE/PHONE

Pamela DiGiovanni
NAME OF ASSISTANT TREASURER IF ANY

MAILING ADDRESS

Daly City CA 94015 415-1234
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 07/31/2019
Date

By [Signature]
urer

Executed on 07/31/2019
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|--------------------------------|
| Statement covers period from <u>January 1, 2019</u> through <u>July 30, 2019</u> | CALIFORNIA FORM 460 |
| Page <u>2</u> of <u>5</u> | I.D. NUMBER <u>1404560</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pamela DiGiovanni for Daly City Council 2018

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ <u>60⁰⁰</u> | \$ <u>60⁰⁰</u> |
| 2. Loans Received..... Schedule B, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ <u>60⁰⁰</u> | \$ <u>60⁰⁰</u> |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ <u>60⁰⁰</u> | \$ <u>60⁰⁰</u> |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4 | \$ <u>700⁰⁰</u> | \$ <u>700⁰⁰</u> |
| 7. Loans Made..... Schedule H, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ <u>700⁰⁰</u> | \$ <u>700⁰⁰</u> |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | \$ <u>700⁰⁰</u> | \$ <u>700⁰⁰</u> |

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|--|--------------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16 | \$ _____ |
| 13. Cash Receipts..... Column A, Line 3 above | \$ _____ |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | \$ <u>1098.96</u> |
| 15. Cash Payments..... Column A, Line 8 above | \$ _____ |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>2,860.00</u> |

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

| | |
|--|-------------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ <u>0</u> |
|--|-------------|

Cash Equivalents and Outstanding Debts

| | |
|--|-------------|
| 18. Cash Equivalents..... See instructions on reverse | \$ <u>0</u> |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ <u>0</u> |

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|--|----------------------------|
| Statement covers period from <u>January 1, 2019</u> through <u>June 30, 2019</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>5</u> |
| I.D. NUMBER <u>1904560</u> | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pamela DiGiovanni for Daly City Council 2018

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-------------------|--|---|--|-----------------------------|---|------------------------------------|
| <u>01/02/2018</u> | <u>Nellie Charles Daly City, CA 94015</u> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <u>Retired</u> | <u>60⁰⁰</u> | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |

SUBTOTAL \$

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 60⁰⁰
- Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** _____

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | |
|--|--------------------------------|
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| | I.D. NUMBER <u>1404560</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pamela DiGiovanni for Daly City Council 2018

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|--|-------------------|
| Holy Child St. Martin Episcopal Church 777 Southgate Avenue Daly City CA 94015 | | music for Thank you event celebration | 400 ⁰⁰ |
| Committee to Re-elect Ran Ruenaventura Daly City CA. 94015 | | Cost Share of Robo calls | 200 ⁰⁰ |
| Asian Pacific American Labor Alliance Rhode Island Suites San Francisco, CA 9401 | | paid event | 100 ⁰⁰ |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 700⁰⁰

Schedule E Summary

| | |
|---|---|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ <u>700⁰⁰</u> |
| 2. Unitemized payments made this period of under \$100..... | \$ _____ |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$ _____ |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$ <u>700⁰⁰</u> |

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

| | |
|--|----------------------------|
| Statement covers period from <u>January 1, 2019</u> through <u>July 30, 2019</u> | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Pamela DiGiovanni for Daly City Council 2018

I.D. NUMBER
1404560

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|-------------------|--|--|----------------------------|
| <u>03/10/2019</u> | <u>Department of Finance City of Daly City 333 190th Street Daly City CA 94015</u> | <u>Remainder of cost of Candidate Statement - Reimbursed amount from original check of 1000⁰⁰</u> | <u>498.96/100</u> |
| <u>01/30/2019</u> | <u>DAILY MAC, INC 505 Serranonte Blvd. Daly City CA 94014</u> | <u>Damages to Campaign Signs (Paid for Damages by Party <u>Party</u>)</u> | <u>600⁰⁰</u> |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1098.96/100

Schedule I Summary

| | |
|---|------------------------------------|
| 1. Itemized increases to cash this period. | \$ <u>1098.96/100</u> |
| 2. Unitemized increases to cash of under \$100 this period. | \$ <u>0</u> |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) | \$ <u>0</u> |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) | TOTAL \$ <u>1098.96/100</u> |