Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 01/01/2020
through 06/30/2020

Date of election if applicable:
(Month, Day, Year)

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - Officierholder, Candidate Controlled Committee
   - State Candidate Election Committee
   - Recall
     (Also Complete Part 5)
   - General Purpose Committee
     - Sponsored
     - Small Contributor Committee
     - Political Party/Central Committee
   - Primarily Formed Ballot Measure Committee
     - Controlled
     - Sponsored
     (Also Complete Part 6)
   - Primarily Formed Candidate/Officierholder Committee
     (Also Complete Part 7)

2. Type of Statement:
   - Preelection Statement
   - Semi-annual Statement
   - Termination Statement
     (Also file a Form 410 Termination)
   - Amendment (Explain below)

3. Committee Information
   I.D. NUMBER: 14045-60
   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
   CITY STATE ZIP CODE AREA CODE/PHONE: Same as above
   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX:
   CITY STATE ZIP CODE AREA CODE/PHONE:
   OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)
NAME OF TREASURER: Marie Brizuela
CITY: Colma CA 94015
NAME OF ASSISTANT TREASURER, IF ANY:
MAILING ADDRESS:
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 July 24, 2020
Executed on 07/29/2020
Executed on
Executed on

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

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pamela D'Angianni for Daly City Council 2018</td>
<td></td>
</tr>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LR) DISTRICT NUMBER IF APPLICABLE</td>
<td></td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP</td>
<td></td>
</tr>
<tr>
<td>Daly City CA 94015</td>
<td></td>
</tr>
</tbody>
</table>

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
<td></td>
</tr>
<tr>
<td>COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CITY STATE ZIP CODE AREA CODE/PHONE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER JURISDICTION</td>
<td></td>
</tr>
<tr>
<td>SUPPORT OPPPOSE</td>
<td></td>
</tr>
</tbody>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

| NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT |  |
| OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY |  |

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD SUPPORT OPPPOSE</th>
<th></th>
</tr>
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<tbody>
<tr>
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</tr>
</tbody>
</table>

Attach continuation sheets if necessary.
**Contributions Received**

1. Monetary Contributions ........... Schedule A, Line 3  $ 
2. Loans Received .................. Schedule B, Line 3  $ 
3. SUBTOTAL CASH CONTRIBUTIONS ........ Add Lines 1 + 2  $ 
4. Nonmonetary Contributions ........... Schedule C, Line 3  $ 
5. TOTAL CONTRIBUTIONS RECEIVED .......... Add Lines 3 + 4  $ 

**Expenditures Made**

6. Payments Made .................. Schedule E, Line 4  $ 
7. Loans Made .................. Schedule H, Line 3  $ 
8. SUBTOTAL CASH PAYMENTS ........ Add Lines 6 + 7  $ 
9. Accrued Expenses (Unpaid Bills) .. Schedule F, Line 3  $ 
10. Nonmonetary Adjustment ........... Schedule C, Line 3  $ 
11. TOTAL EXPENDITURES MADE .......... Add Lines 8 + 9 + 10  $ 

**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  $ 
15. Cash Payments .................. Column A, Line 9 above  $ 
16. ENDING CASH BALANCE .... Add Lines 12 + 13 + 14, then subtract Line 15  $  
   
   *If this is a termination statement, Line 16 must be zero.*

17. LOAN GUARANTEES RECEIVED .... Schedule R, Part 2  $ 

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents .................. See instructions on reverse  $ 
19. Outstanding Debts ............... Add Line 2 + Line 9 in Column B above  $ 

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

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

**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  
   / /  $  
   / /  $  

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

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).

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