

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from January 1, 2019
through June 30, 2019

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

11/06/2018

Date Stamp

CITY OF DALY CITY
CITY CLERK

**CALIFORNIA 460
FORM**

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For Official Use Only

2019 JUL 31 P 2:15

RECEIVED

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

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

3. Committee Information

I.D. NUMBER
1464560

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

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

Daly City CA 94015
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

Executed on 07/31/2019
Date

Executed on _____
Date

Executed on _____
Date

By _____

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

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

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

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**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from January 1, 2019
through June 30, 2019

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FORM
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I.D. NUMBER
1404566

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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>60 00</u>	\$ <u>60 00</u>
2. Loans Received.....	Schedule B, Line 3	\$ <u>0 00</u>	\$ <u>0 00</u>
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ <u>60 00</u>	\$ <u>60 00</u>
4. Nonmonetary Contributions.....	Schedule C, Line 3	\$ <u>0 00</u>	\$ <u>0 00</u>
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ <u>60 00</u>	\$ <u>60 00</u>

Expenditures Made

6. Payments Made.....	Schedule E, Line 4	\$ <u>700 00</u>	\$ <u>700 00</u>
7. Loans Made.....	Schedule H, Line 3	\$ <u>0 00</u>	\$ <u>0 00</u>
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ <u>700 00</u>	\$ <u>700 00</u>
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	\$ <u>0 00</u>	\$ <u>0 00</u>
10. Nonmonetary Adjustment.....	Schedule C, Line 3	\$ <u>0 00</u>	\$ <u>0 00</u>
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ <u>700 00</u>	\$ <u>700 00</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ _____
13. Cash Receipts	Column A, Line 3 above	\$ <u>1098.96</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>1098.96</u>
15. Cash Payments	Column A, Line 8 above	\$ <u>2,860.00</u>
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.

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ <u>0 00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse	\$ <u>0 00</u>
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$ <u>0 00</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	\$ _____	\$ _____

**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).

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILE

Pamela DiGiovanni for Daly City Council 2018

Statement covers period
from January 1, 2019
through June 30, 2019

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ID NUMBER

1. B. NUMBER

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 100
2. Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
3. 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.

SEE INSTRUCTIONS ON REVERSE

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SCHEDULE E

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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 Daly City CA 94015			music for Thankyou event celebration	400 ⁰⁰
Committee to Re-elect Ronenavutua Daly City CA. 94015			Cost Share of Robocalls	200 ⁰⁰
Asian Pacific American Labor Alliance San Francisco, CA 94017			paid event	160 ⁰⁰

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

SUBTOTAL \$ 700 ⁰⁰

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)..... \$ 700 ⁰⁰
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 \$ 700 ⁰⁰**

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period
from January 1, 2019
through July 30, 2019

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SEE INSTRUCTIONS ON REVERSE

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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
03/10/2019	Department of Finance City of Daly City Daly City CA 94015	Remainder of cost of Candidate Statement - Reimbursed from original check of 1000.00	498.96
01/30/2019	DAILY MAC, INC Daly City CA 94014	Damages to Campaign Signs (Paid for Damages by Person)	600.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1098.96

Schedule I Summary

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