Recipient Committee
Campaign Statement
Cover Page

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

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

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   □ Officeholder, 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/Officeholder 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
   ID NUMBER: 1964560
   TREASURER(S): Marie Brizuela
   NAME OF TREASURER
   Mailing Address
   Daly City CA 94015
   CITY   STATE   ZIP CODE
   NAME OF ASSISTANT TREASURER IF ANY
   Mailing Address
   Daly City CA 94015
   CITY   STATE   ZIP CODE

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

   Executed on 07/31/2019
   By __________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Executed on 07/31/2019
   By __________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Executed on ______________________
   By __________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

FFPC Form 460 (Jan/2016)
FFPC Advice: advice@fppc.ca.gov (866/275-3772)
### Contributions Received

<table>
<thead>
<tr>
<th>Item</th>
<th>Schedule/Line</th>
<th>Quantity $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>A, L3</td>
<td>60</td>
</tr>
<tr>
<td>Loans Received</td>
<td>B, L3</td>
<td>60</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>L1 + L2</td>
<td>60</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>C, L3</td>
<td>60</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>L3 + L4</td>
<td>60</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Item</th>
<th>Schedule/Line</th>
<th>Quantity $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>E, L4</td>
<td>700</td>
</tr>
<tr>
<td>Loans Made</td>
<td>H, L3</td>
<td>700</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>L6 + L7</td>
<td>700</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>F, L3</td>
<td>60</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>C, L3</td>
<td>700</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>L8 + L9 + L10</td>
<td>700</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Item</th>
<th>Schedule/Line</th>
<th>Quantity $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td></td>
<td>1078.99</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>A, L3</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>I, L4</td>
<td></td>
</tr>
<tr>
<td>Cash Payments</td>
<td>A, L8</td>
<td></td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>L12 + L13 + L14</td>
<td>2800.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.
# Schedule A
## Monetary Contributions Received

**NAME OF FILER:** Pamela Di Giovanni for Daly City Council 2018

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>01/01/2019</strong></td>
<td>Nellie Charles, Daly City, CA 94015</td>
<td></td>
<td>Retired</td>
<td>60.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) $ 50.00
2. Amount received this period – unitemized monetary contributions of less than $100 $ 10.00
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) $ 60.00

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**SUBTOTAL $**
## Schedule E
Payments Made

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

### NAME AND ADDRESS OF PAYEE

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holy Child St Martin Episcopal Church</td>
<td></td>
<td>Music for Thank you event Celebration</td>
<td>400</td>
</tr>
<tr>
<td>Daly City CA 9401</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Committee to Re-elect Ray Rengenwald</td>
<td></td>
<td>Cost Share of Robocalls</td>
<td>200</td>
</tr>
<tr>
<td>Daly City CA 9401</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian Pacific American Labor Alliance</td>
<td></td>
<td>Paid event</td>
<td>160</td>
</tr>
<tr>
<td>San Francisco, CA 9401</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### Schedule E Summary

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

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).) .......................................................... $ 700

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
### 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

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**Schedule I**
Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

**DATE RECEIVED** | **FULL NAME AND ADDRESS OF SOURCE** | **DESCRIPTION OF RECEIPT** | **AMOUNT OF INCREASE TO CASH**
--- | --- | --- | ---
03/10/21 | Department of Finance  
City of Daly City  
Day City CA 94015 | Remainder of cost of  
Candidate Statement - Reimbursed  
Amount from original check of $1000 | 498.96
01/30/21 | DAILY MAC INC  
Daly City CA 94014 | Damages to Campaign  
Signs  
(Paid for damages to remote park) | 600

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Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $1098.96