

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA **460**
FORM

2014
Page 1 of 1

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Pamela Di Giovanni for Daly City Council 2018

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council - Daly City

RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CITY STATE ZIP

1 Daly City CA 9401

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.*

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE?
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YES NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE?
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YES NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 07/01/2018
through 09/29/2018

CALIFORNIA FORM 460

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I.D. NUMBER

146456

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Panda Di Giovanni 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>8,749.50</u>	\$ <u>12,273.50</u>
2. Loans Received.....	Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ <u>—</u>	\$ <u>—</u>
4. Nonmonetary Contributions.....	Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ <u>8,749.50</u>	\$ <u>12,273.50</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

6. Payments Made.....	Schedule E, Line 4	\$ <u>4,199.90</u>	\$ <u>5,162.73</u>
7. Loans Made.....	Schedule H, Line 3	\$ <u>—</u>	\$ <u>—</u>
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ <u>—</u>	\$ <u>—</u>
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	\$ <u>—</u>	\$ <u>—</u>
10. Nonmonetary Adjustment.....	Schedule C, Line 3	\$ <u>—</u>	\$ <u>—</u>
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ <u>4,199.90</u>	\$ <u>5,162.73</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
<u>—</u> / <u>—</u> / <u>—</u>	\$ <u>—</u>
<u>—</u> / <u>—</u> / <u>—</u>	\$ <u>—</u>

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

Current Cash Statement

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

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

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ <u>—</u>
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18. Cash Equivalents	See instructions on reverse	\$ <u>—</u>
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$ <u>—</u>

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

Statement covers period
from 07/01/2018
through 09/29/2018

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, 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)
08/02/2018	International Brotherhood of Electrical Workers + San Mateo CA 94402	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IBEW Political Action Committee	\$ 500.00	\$ 500.00	
08/02/2018	Vaughn Jones Daly City CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00		
08/02/2018	Deborah Jackson San Francisco CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 100.00		
08/02/2018	Bo Justyn Manalo Daly City CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Engagement Forest City Enterprises 815 Howard Street San Francisco CA	\$ 100.00		
08/02/2018	Rick Medina Daly City CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Employee Daly City	\$ 150.00		

SUBTOTAL \$ 1350.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)

\$ 1350.00

2. Amount received this period – unitemized monetary contributions of less than \$100

\$ 99.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)

TOTAL \$ 1449.00

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2018</u> through <u>09/28/2018</u>	CALIFORNIA FORM 460
Page <u>5</u> of <u>6</u>	I.D. NUMBER <u>1404560</u>

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)
09/10/2018	Carlos Bolanos Redwood City 94063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Mateo County Sheriff 400 County Center Redwood City CA	\$100.00		
09/31/2018	James Tucker Burlingame CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$150.00		
09/13/2018	Dave Mueller Lafayette, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Member City Toyota	\$1000.00		
09/13/2018	James Waudy Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales PAC for Auto Group	\$1000.00		
09/13/2018	Daly City Police Officers Association PAC Daly City CA 94545	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Daly City POA Political Action Committee	\$5000.00		
				SUBTOTAL \$7,250.00		

*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

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2018
through 09/28/2018

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NAME OF FILER
Pamela DiGiovanni for Daly City Council 2018
 I.D. NUMBER
1404860

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
San Mateo County Elections 1000 1/2 /San Mateo/CA 94402			FIL	\$125.00
Pacific Printing San Jose, CA 95110	LIT			\$2614.00
Sandhya Rao San Francisco CA.			Graphics	\$540.00
City of Daly City Daly City CA 94015	FIL			\$1000.00
SUGS, Event Center Daly City CA 94017			Event Center	\$500.00

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

SUBTOTAL \$ \$4,799.00