Recipient Committee
Campaign Statement
Cover Page

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

Date of election if applicable:
(Month, Day, Year)
11/06/2018

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)
   - [x] Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 7)

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

3. Committee Information
   I.D. NUMBER 1404560
   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
   TREASURER(S)
   Name: Marie Brizuela
   Mailing Address: Colma CA 94015
   CITY
   State
   ZIP CODE
   AREA CODE/PHONE
   Name of Treasurer
   Pamela DiGiovanni
   Mailing Address (if different) No. and street or P.O. Box
   Daly City CA 94015
   CITY
   State
   ZIP CODE
   AREA CODE/PHONE

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 09/21/2018
   By ____________________________
   Printed Name:
   Title: Treasurer
   Signature of Controlling Officer/Committee, Candidate, State Measure Proponent or Responsible Officer of Sponsor
   Executed on 09/21/2018
   By ____________________________
   Printed Name:
   Title: Treasurer
   Signature of Controlling Officer/Committee, Candidate, State Measure Proponent
   Executed on __________________
   By ____________________________
   Printed Name:
   Title: Treasurer
   Signature of Controlling Officer/Committee, Candidate, State Measure Proponent
   Executed on __________________
   By ____________________________
   Printed Name:
   Title: Treasurer
   Signature of Controlling Officer/Committee, Candidate, State Measure Proponent

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>Pamela Di Giovanni for Daly City Council 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>City Council - Daly City</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET)</td>
<td>Daly City, CA 94056</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>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

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

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
</tbody>
</table>

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

Attach continuation sheets if necessary
**Contributions Received**

1. Monetary Contributions ........................................... Schedule A, Line 3 $8,749
2. Loans Received.................................................. Schedule B, Line 3
3. SUBTOTAL CASH CONTRIBUTIONS ................................... Add Lines 1 + 2 
4. Nonmonetary Contributions ....................................... Schedule C, Line 3 $12,273
5. TOTAL CONTRIBUTIONS RECEIVED ............................... Add Lines 3 + 4 $12,273

**Expenditures Made**

6. Payments Made .................................................. Schedule E, Line 4 $4,199
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 $4,199

**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 8 above 
16. ENDING CASH BALANCE ......................................... Add Lines 12 + 13 + 14, then subtract Line 15 $

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).

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

<table>
<thead>
<tr>
<th>1/1 through 6/30</th>
<th>7/1 to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Contributions Received</td>
<td>$ $</td>
</tr>
<tr>
<td>20. Contributions Made</td>
<td>$ $</td>
</tr>
</tbody>
</table>

**Expenditure Limit Summary for State Candidates**

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ / /</td>
<td>$</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.*
## Schedule A
### Monetary Contributions Received

**Amounts may be rounded to whole dollars.**

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name, Street Address and Zip Code of Contributor</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>08/02/2018</td>
<td>International Brotherhood of Electrical Workers /San Mateo, CA</td>
<td>□ IND  ☑ COM  ☐ OTH  ☐ PTY  ☐ SCC</td>
<td>IBEW Political Action Committee</td>
<td>$500</td>
<td>$500</td>
<td></td>
</tr>
<tr>
<td>08/02/2018</td>
<td>Vaughn Jones / Daly City, CA, 94015</td>
<td>□ IND  ☐ COM  ☐ OTH  ☑ PTY  ☐ SCC</td>
<td>Retired</td>
<td>$100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/02/2018</td>
<td>Deborah Jackson / San Francisco, CA</td>
<td>□ IND  ☐ COM  ☐ OTH  ☑ PTY  ☐ SCC</td>
<td>Retired</td>
<td>$100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/02/2018</td>
<td>Justian Manalo / Daly City, CA</td>
<td>□ IND  ☐ COM  ☐ OTH  ☑ PTY  ☐ SCC</td>
<td>Community Engage Forest City Enterprises 2015 Humboldt Street, San Francisco, CA</td>
<td>$100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/02/2018</td>
<td>Rick Medina / Daly City, CA</td>
<td>□ IND  ☐ COM  ☐ OTH  ☑ PTY  ☐ SCC</td>
<td>Employee Daly City</td>
<td>$150</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ................................................ $1,350
2. Amount received this period – unitemized monetary contributions of less than $100 .............................................. $94
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................................................. TOTAL $1,444
<table>
<thead>
<tr>
<th>Date</th>
<th>Full Name, Street Address and Zip Code of Contributor</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>09/11/2018</td>
<td>Carlos Bolanos</td>
<td>IND</td>
<td>San Mateo County Sheriff</td>
<td>$100</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Redwood City, CA 94063</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09/11/2018</td>
<td>James Tucker</td>
<td>IND</td>
<td>Retired</td>
<td>$150</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Burlingame, CA 94010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09/13/2018</td>
<td>Dave Moeller Road</td>
<td>IND</td>
<td>Member City Toyota</td>
<td>$1,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lafayette, CA 94540</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09/13/2018</td>
<td>James Wemy</td>
<td>IND</td>
<td>Sales PAC for Auto Group</td>
<td>$1,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lafayette, CA 94549</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09/13/2018</td>
<td>Daily City Police Officers Association PAC</td>
<td>IND, OTH</td>
<td>Daily City PAC</td>
<td>$5,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Political Action Committee</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Subtotal: $7,250
## Schedule E (Continuation Sheet)
### Payments Made

**Amounts may be rounded to whole dollars.**

**Statement covers period**
- **from:** 07/01/2018
- **through:** 09/30/2018

### 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
(If committee, also enter I.D. number)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE OR</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Mateo County Elections, /San Mateo/CA 94402</td>
<td>FIC</td>
<td>File</td>
<td>$125°</td>
</tr>
<tr>
<td>Pacific Printing, San Jose, CA 95112</td>
<td>LIT</td>
<td></td>
<td>$2618.98</td>
</tr>
<tr>
<td>Sandhya Rao</td>
<td></td>
<td></td>
<td>$560</td>
</tr>
<tr>
<td>San Francisco CA.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City of Daly City</td>
<td>FIC</td>
<td>Event Center</td>
<td>$9,000°</td>
</tr>
<tr>
<td>Daly City CA 94014</td>
<td></td>
<td></td>
<td>$500°</td>
</tr>
</tbody>
</table>

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

**SUBTOTAL:** $4,799.28