Recipient Committee Campaign Statement Cover Page

CALIFORNIA FORM 460

Date Stamp

CITY OF DALY CITY CITY CLERK

2018 JUL 31 P 2:00

RECEIVED

Statement covers period	Date of election if applicable: (Month, Day, Year)
from __01/01/2018__	11/06/2018
through __06/30/2018__	

SEE INSTRUCTIONS ON REVERSE

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)

- ☐ Quarterly Statement
- ☐ Special Odd-Year Report

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)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Daly City	CA	94015	65

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
3

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Daly City	CA	94015	650

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Marie Brizuela

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Broadmoor Village	CA	94015	65

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 __07/31/2018__ By _____
Date

Executed on __07/31/2018__ By _____
Date
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ By _____
Date
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ By _____
Date
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
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www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Pamela Digiovanni for Daly City Council 2018

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

Council Member

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

Daly City   CA   94015

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

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

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.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

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Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM **460**

Statement covers period

from 01/01/2018

through 06/30/2018

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pamela Digiovanni for Daly City Council 2018

I.D. NUMBER

1404560

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 3449.00	$ 3449.00
2. Loans Received	Schedule B, Line 3	75.00	75.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 3524.00	$ 3524.00
4. Nonmonetary Contributions	Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 3524.00	$ 3524.00

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	$ 362.75	$ 362.75
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 362.75	$ 362.75
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10. Nonmonetary Adjustment	Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 362.75	$ 362.75

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
____/____/____	$ _____
____/____/____	$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 0
13. Cash Receipts	Column A, Line 3 above	3524.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	362.75
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 3161.26

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

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).

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

17. LOAN GUARANTEES RECEIVED	Schedule B, 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	$ _____

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Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period

from 01/01/2018

through 06/30/2018

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)
03/24/18	Jennifer Osner Daly City, CA 94014	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Employed Jennifer Osner Etsy	100.00		
04/10/18	Richard L. Crump Daly City, CA 94015	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	350.00		
04/20/18	Tony Bayudan Jr. Daly City, CA 94014	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Staff Aide San Mateo County	100.00		
04//21/18	David Canepa Daly City, CA 94015	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Supervisor San Mateo County	250.00		
04/25/18	Melinda Dart San Francisco, CA	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	200.00		

SUBTOTAL $ 1000

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ....$ 3350.00

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 $ 3449.00

*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

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period	
from	01/01/2018
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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)
04/26/18	Gloria Ann Jones Daly City, CA 94015	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250.00		
05/04/18	Catherine A. Pantazy Daly City, CA 94015	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00		
05/04/18	Lily Louie Daly City, CA 94015	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250.00		
05/10/18	Republic Servcs, Inc. Phoenix, AZ 85054	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1000.00		
05/15/18	ASF Electric, Inc. Daly City, CA 94014	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00		

SUBTOTAL $ 2100

*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

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period	
from	01/01/2018
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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)
06/11/18	Juan Raigoza ⁣t Redwood City, Ca 94062	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Controller San Mateo County	150.00		
06/17/18	Carole Groom San Mateo, Ca 94403	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Supervisor San Mateo County	100.00		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $ 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

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Statement covers period	
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FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Pamela DiGiovanni _ _ _ _ 7 Daly City, CA 94015 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	None	$ 0	$ 75.00	☐ PAID $ _____ ☐ FORGIVEN $ _____ DATE DUE	$ 75.00	_____% RATE $ _____	$ _____ DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ _____	$ _____	☐ PAID $ _____ ☐ FORGIVEN $ _____ DATE DUE	$ _____	_____% RATE $ _____	$ _____ DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ _____	$ _____	☐ PAID $ _____ ☐ FORGIVEN $ _____ DATE DUE	$ _____	_____% RATE $ _____	$ _____ DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____

SUBTOTALS $ 75.00 $ 0 $ 75.00 $

Schedule B Summary

1. Loans received this period ....$ 75.00
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period ....$ 0
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (**Subtract** Line 2 from Line 1.) ....NET $ 75.00
   Enter the net here and on the Summary Page, Column A, Line 2.
   (May be a negative number)

(Enter (e) on Schedule E, Line 3)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

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Schedule E
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E

CALIFORNIA FORM **460**

Statement covers period

from 01/01/2018

through 06/30/2018

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SEE INSTRUCTIONS ON REVERSE

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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
Spotlight Printing San Francisco, CA 94017	CMP		Remit Envelopes	312.75
Secretary of State /Political Reform Division Sacramento, Ca, 95814	FIL		Political Reform Division	50.00

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

SUBTOTAL $ 362.75

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .... $ 362.75

2. Unitemized payments made this period of under $100 .... $ 0

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .... $ 0

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .... **TOTAL $** 362.75

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