Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 10/21/2018
through 12/31/2018

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

1. Type of Recipient Committee:
☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Apply if Controlled)

☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Apply if Controlled)

☐ Primarily Formed Candidate/Officeholder Committee
(Apply if Controlled)

2. Type of Statement:
☐ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)

☐ Amendment (Explain below)

3. Committee Information

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 650

CITY STATE ZIP CODE AREA CODE/PHONE

SAME AS ABOVE

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 OF TREASURER
Marie Brizzo

MAILING ADDRESS
Colma CA 94014

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 01-31-2019
By

Executed on 01/31/2019
By

Executed on
By

Executed on
By

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

1. Monetary Contributions .................................. Schedule A, Line 3  
   Column A  
   $32,960

2. Loans Received........................................... Schedule B, Line 3  
   Column B  
   $22,883

3. SUBTOTAL CASH CONTRIBUTIONS ...................... Add Lines 1 + 2  
   $32,960

4. Nonmonetary Contributions............................. Schedule C, Line 3  
   $2,960

5. TOTAL CONTRIBUTIONS RECEIVED ..................... Add Lines 3 + 4  
   $35,920

## Expenditures Made

6. Payments Made ........................................... Schedule E, Line 4  
   Column A  
   $3,583

7. Loans Made............................................... Schedule H, Line 3  
   Column B  
   $2,492

8. SUBTOTAL CASH PAYMENTS ............................. Add Lines 6 + 7  
   $3,583

9. Accrued Expenses (Unpaid Bills)....................... Schedule F, Line 3  
   $2,960

10. Nonmonetary Adjustment................................. Schedule C, Line 3  

11. TOTAL EXPENDITURES MADE ............................ Add Lines 8 + 9 + 10  
    $3,583

## Current Cash Statement

12. Beginning Cash Balance ................................ Previous Summary Page, Line 16  
    $2,960

13. Cash Receipts .......................................... Column A, Line 3 above  

14. Miscellaneous Increases to Cash ...................... Schedule I, Line 4  
    $3,583

15. Cash Payments ......................................... Column A, Line 8 above  

16. ENDING CASH BALANCE ............................... Add Lines 12 + 13 + 14, then subtract Line 15  
    $3,583

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

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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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

**NAME OF FILER:** Pamela DiGiovanni for Daly City Council 2018

**ID NUMBER:** 1404560

<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>10/31/2018</td>
<td>Suzanne Flecker, San Mateo, CA 94901</td>
<td>IND</td>
<td>Retired</td>
<td>$200</td>
<td></td>
<td></td>
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<tr>
<td>10/31/2018</td>
<td>Rick Bonilla, San Mateo, CA 94901</td>
<td>IND</td>
<td>City at San Mateo</td>
<td>$300</td>
<td></td>
<td></td>
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<tr>
<td>10/31/2018</td>
<td>DRIVE Committee - FEC ID #17, 200.&lt;EMAIL&gt;</td>
<td>IND</td>
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</table>

**SUBTOTAL $** $1,600

## Schedule A Summary

1. **Amount received this period – itemized monetary contributions.** (Include all Schedule A subtotals.) ................................................................. $2,200

2. **Amount received this period – unitemized monetary contributions of less than $100** ................................................................. $700

3. **Total monetary contributions received this period.**  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ................................................................. **TOTAL $** 3,900

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*Contributor Codes:
- IND = Individual
- COM = Recipient Committee
- 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 A (Continuation Sheet)
**Monetary Contributions Received**

**NAME OF FILER**
Pamela DiGiovanni for Daly City Council 2018

**T.D. NUMBER**
1404560

**Statement covers period**
from 10/21/2018 through 12/31/2018

<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>
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<tbody>
<tr>
<td>10/24/2018</td>
<td>San Francisco Laborers Local 135</td>
<td></td>
<td></td>
<td>$500</td>
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<tr>
<td></td>
<td>San Francisco, CA 94116</td>
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<tr>
<td>10/24/2018</td>
<td>Alice Ransom</td>
<td></td>
<td></td>
<td>$100</td>
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<tr>
<td></td>
<td>Daly City, CA 94015</td>
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</tr>
<tr>
<td>10/24/2018</td>
<td>Greg and Erin Mendos</td>
<td></td>
<td></td>
<td>$250</td>
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<td></td>
<td>Lake Oswego, OR 97035</td>
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<td>10/25/2018</td>
<td>Law Office of Dr. Marc</td>
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<td>11/2/2018</td>
<td>Rosario L. Carmen D' Ricco</td>
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<td></td>
<td>South San Francisco, CA 9416</td>
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**SUBTOTAL $1200**

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
CC – Small Contributor Committee

FPPC Form 460 (Jan/2016)
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### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $3,582.40
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 $3,582.40

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**NAME AND ADDRESS OF PAYEE**

- Google.com
- Sandhya Rao, San Francisco, CA

**CODE**

- Ads
- Graphics

**DESCRIPTION OF PAYMENT**

### CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
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<td>Ads</td>
<td>$350.00</td>
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<td></td>
<td>Ads</td>
<td>$500.00</td>
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<tr>
<td>Sandhya Rao, San Francisco, CA</td>
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<td>Graphics</td>
<td>$620.00</td>
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</table>

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

**SUBTOTAL $3,582.40**
<table>
<thead>
<tr>
<th>Name and Address of Payee</th>
<th>Code</th>
<th>Description of Payment</th>
<th>Amount Paid</th>
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<tbody>
<tr>
<td>Sug's Event Center</td>
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<td>Thank You Event</td>
<td>$900.00</td>
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<tr>
<td>Daly City CA 94015</td>
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<td>Venue + Food</td>
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<tr>
<td>Secretary of State</td>
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<td>Annual Fee</td>
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<td>Political Reform Division</td>
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<tr>
<td>Sacramento CA</td>
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<tr>
<td>Pacific Printing</td>
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<td>$1,162.42</td>
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<tr>
<td>San Jose, CA</td>
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<td>Lit</td>
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*Payments that are contributions or independent expenditures must also be summarized on Schedule D.*

SUBTOTAL $2,112.42