

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Pamela DiGiovanni for Daly City Council 2018</i>		Date of This Filing <i>10/24/2018</i>	Date Stamp <i>CITY OF DALY CITY CLERK</i>	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER <i>707</i>	I.D. NUMBER (if applicable) <i>1404560</i>	Report No. _____	For Official Use Only	
STREET ADDRESS <i>707 1/2</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	2018 OCT 24 A 10:53	
CITY <i>Daly City</i>	STATE <i>CA</i>	ZIP CODE <i>94015</i>	No. of Pages <i>1</i>	RECEIVED

1. Contribution(s) Received

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
<i>10/24/2018</i>	<i>Plumbers, Steamfitters and Refrigeration Fitters Local Union #467 State & Political Action Fund - ID NL740401 Burlingame, CA 94010</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Plumbers & Pipefitters Union 467</i>	<i>\$1000</i> <input type="checkbox"/> Check if Loan <hr/> <i>0%</i> Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan <hr/> <i>0%</i> Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan <hr/> <i>0%</i> Provide interest rate

Reason for Amendment: _____

**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