

497 Contribution Report

Amounts may be rounded to whole dollars.

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|---|-----------------------------|--|---|--|
| NAME OF FILER Daly City Police Officers Association PAC | | Date of This Filing <u>9/12/2018</u> CITY OF DALY CITY Date Stamp CITY CLERK | CALIFORNIA FORM 497 For Official Use Only | |
| AREA CODE/PHONE NUMBER 862148 | I.D. NUMBER (if applicable) | Report No. <u>18-1</u> 2018 SEP 13 AM 11:24 | | |
| STREET ADDRESS Daly City | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <u>1</u> | RECEIVED | |
| STATE ZIP CODE CA 94015 | | | | |

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|-----------|---|--|------------------------|-------------------------------------|
| 9/12/2018 | Pamela DiGiovanni for Daly City Council 2018 Daly City, CA 94015 FPPC#1404560 | Pamela DiGiovanni Daly City City Council | \$5000 | 11/6/2018 |
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Reason for Amendment: _____