

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Daly City Firefighters Political action Committee		Date of This Filing 10/23/2018	CITY OF DALY CITY CITY CLERK 2018 OCT 23 A 10:24 RECEIVED	
AREA CODE/PHONE NUMBER STREET ADDRESS		I.D. NUMBER (if applicable) 1055231	Report No. _____	CALIFORNIA FORM 496 For Official Use Only
CITY Daly City		STATE CA	ZIP CODE 94015	<input checked="" type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages _____

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED

Pam DiGiovanni

OFFICE SOUGHT OR HELD

City Council

DISTRICT NO.

SUPPORT

OPPOSE

NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
8/31/2018	Firefighters Print & Design - 100 Signs Invoice #36434	711
9/23/2018	Firefighters Print & Design - Signs Invoices #36650 & #36557 (3 candidates/total divided by 3)	692

Reason for Amendment: Included taxes and shipping to total cost