Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 07/01/2021
through 12/31/2021

Date of election if applicable:
(Month, Day, Year)
NA

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 5)
☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:
☐ Preliminary 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 Digiorno for Daly City Council 2018

Treasurer(s)

NAME OF TREASURER
Marie Brizuela

MAILING ADDRESS

CITY
Colma
STATE
CA
ZIP CODE
94015
AREA CODE/PHONE

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 01/01/2021
Date

Executed on 01/01/2021
Date

Executed on
Date

Executed on
Date

By ____________________________
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By ____________________________
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By ____________________________
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Recipient Committee  
Campaign Statement  
Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pamela Di Giorgio for Daly City Council 2018</td>
<td></td>
</tr>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td></td>
</tr>
<tr>
<td>Residential/Business Address (No. and Street) City State Zip</td>
<td></td>
</tr>
<tr>
<td>Daly City, CA, 94015</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
<td>Yes No</td>
</tr>
<tr>
<td>STREET ADDRESS (NO P.O. BOX)</td>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
<td>JURISDICTION</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

| NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT |  |
| 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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
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<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
### Contributions Received

1. Monetary Contributions ........................................... Schedule A, Line 3 $ __________ $ __________
2. Loans Received .................................................... Schedule B, Line 3 $ __________ $ __________
3. SUBTOTAL CASH CONTRIBUTIONS ............................ Add Lines 1 + 2
4. Nonmonetary Contributions ...................................... Schedule C, Line 3 $ __________ $ __________
5. TOTAL CONTRIBUTIONS RECEIVED ........................ Add Lines 3 + 4 $ __________ $ __________

### Expenditures Made

6. Payments Made ................................................... Schedule E, Line 4 $ __________ $ __________
7. Loans Made ........................................................ Schedule H, Line 3 $ __________ $ __________
8. SUBTOTAL CASH PAYMENTS ................................... Add Lines 6 + 7 $ __________ $ __________
9. Accrued Expenses (Unpaid Bills) ............................... Schedule F, Line 3 $ __________ $ __________
10. Nonmonetary Adjustment ........................................ Schedule C, Line 3 $ __________ $ __________
11. TOTAL EXPENDITURES MADE ................................. Add Lines 8 + 9 + 10 $ __________ $ __________

### Current Cash Statement

12. Beginning Cash Balance ........................................ Previous Summary Page, Line 16 $ 2,860.70
13. Cash Receipts ..................................................... Column A, Line 3 above $ __________ $ __________
14. Miscellaneous Increases to Cash ............................... Schedule I, Line 4 $ __________ $ __________
15. Cash Payments .................................................... Column A, Line 8 above $ __________ $ __________
16. ENDING CASH BALANCE ...................................... Add Lines 12 + 13 + 14, then subtract Line 15 $ 2,860.70

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

### Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yyyy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ / /</td>
<td>$ __________</td>
</tr>
</tbody>
</table>

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

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**Notes:**

- 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).

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