# Statement of Organization

**Recipient Committee**

**Statement Type**
- [ ] Initial
- [ ] Amendment
- [ ] Termination – See Part 5

**1. Committee Information**

<table>
<thead>
<tr>
<th>NAME OF COMMITTEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-Elect Pamela DiGiovanni for Daly City Council 2023</td>
</tr>
</tbody>
</table>

**I.D. Number** ([if applicable])

**2. Treasurer and Other Principal Officers**

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marie Brizuela</td>
</tr>
</tbody>
</table>

**STREET ADDRESS (NO P.O. BOX)**

**CITY**

**STATE**

**ZIP CODE**

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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**

- 01/22/2023
- 01/22/2033

**Signature of Controlling Officeholder, Candidate, or State Measure Proponent**

**City of Daly City**

**CITY CLERK**

**Date Stamp**

**2022 FEB-2 PH 4:42**
## Statement of Organization

**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

- All committees must list the financial institution where the campaign bank account is located.

### NAME OF FINANCIAL INSTITUTION

| Wells Fargo |

### ADDRESS

|  |

### CITY

| Daly City |

### STATE

| CA |

### ZIP CODE

| 94015 |

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### 4. Type of Committee

Complete the applicable sections.

#### Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.

- List the political party with which each officeholder or candidate is affiliated or check “nonpartisan.” Stating “No party preference” is acceptable.

- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pamela DiGiovanni</td>
<td>Daly City Council member</td>
<td>2023</td>
<td>Nonpartisan</td>
</tr>
</tbody>
</table>

#### Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

![Candidate(measure) Table]

FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov