

**Statement of Organization  
Recipient Committee**

**Statement Type**

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or		
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	
		Date of termination
		01/27/2022

Date Stamp

**CALIFORNIA  
FORM**

**410**

For Official Use Only

CITY OF DALY CITY  
CITY CLERK

2022 FEB -4 12:48

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**1. Committee Information**

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

1904560

NAME OF COMMITTEE

Pamela DiGiovanni for Daly City Council 2018

STREET ADDRESS (NO P.O. BOX)

Daly City CA 94015

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Same as above

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

CITY

Colma

STATE

CA 94015

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

**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 02/01/2022 By X

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 02/01/2022 By  

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on   By  

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on   By  

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

FPPC Form 410 (August/2018)

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