

**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
CITY OF DALY CITY CITY CLERK	
2022 FEB -4 12:48	For Official Use Only

1. Committee Information		I.D. Number 1904560 <small>(if applicable)</small>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Pamela DiGiovanni for Daly City Council 2018		NAME OF TREASURER Marie Brizuela		STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O. BOX) Daly City CA 94015		CITY Colma		STATE CA	ZIP CODE 94015	AREA CODE/PHONE	
CITY STATE ZIP CODE AREA CODE/PHONE Same as above		NAME OF ASSISTANT TREASURER, IF ANY		STREET ADDRESS (NO P.O. BOX)			
FULL MAILING ADDRESS (IF DIFFERENT)		CITY STATE ZIP CODE AREA CODE/PHONE		NAME OF PRINCIPAL OFFICER(S)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE AREA CODE/PHONE			
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE			NAME OF PRINCIPAL OFFICER(S)			
Attach additional information on appropriately labeled continuation sheets.		STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE AREA CODE/PHONE			
		CITY STATE ZIP CODE AREA CODE/PHONE		CITY STATE ZIP CODE AREA CODE/PHONE			

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 [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 02/01/2022 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT