

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met	<input type="checkbox"/> Amendment Date qualification threshold met	<input type="checkbox"/> Termination – See Part 5 Date of termination
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Date Stamp	CALIFORNIA FORM 410 For Official Use Only
CITY OF DALY CITY CITY CLERK 2022 FEB 10 PM 2:22	

1. Committee Information I.D. Number (if applicable)		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE Re-Elect Pamela DiGiovanni for Daly City Council 2022		NAME OF TREASURER Marie Brizuela	
CITY STATE ZIP CODE AREA CODE/PHONE Daly City CA 94015		CITY STATE ZIP CODE Colma CA 94015	
FULL MAILING ADDRESS (IF DIFFERENT) Same as above		STREET ADDRESS (NO P.O. BOX)	
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE San Mateo Daly City		NAME OF ASSISTANT TREASURER, IF ANY	
Attach additional information on appropriately labeled continuation sheets.		NAME OF PRINCIPAL OFFICER(S)	
		STREET ADDRESS (NO P.O. BOX)	
		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	02/10/2022	By	[Signature]	TREASURER
Executed on	02/10/2022	By	[Signature]	
Executed on		By		
Executed on		By		

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INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

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I.D. NUMBER CITY CLERK

2022 FEB 10 PM 2:22

RECEIVED

COMMITTEE NAME
Re-Elect Pamela DiGiovanni for Daly City Council 2022

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

NAME OF FINANCIAL INSTITUTION

Wells Fargo

AREA CODE/PHONE

BANK ACCOUNT NUMBER

ADDRESS

CITY

STATE

ZIP CODE

Daly City

CA

94015

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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Pamela DiGiovanni	Daly City Council member	2022	Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

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

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE