

**Statement of Organization  
Recipient Committee**

**Statement Type**

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

Date Stamp

**CALIFORNIA  
FORM**

**410**

**CITY OF DALY CITY**  
CITY CLERK

2022 FEB 10 PM 2:22

For Official Use Only

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

TREASURER

Executed on 02/10/2022 By [REDACTED]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on \_\_\_\_\_ By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on \_\_\_\_\_ By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 2 **CITY OF DALY CITY**  
I.D. NUMBER **CITY CLERK**

10/27 FEB 10 PM 2:22

**RECEIVED**

COMMITTEE NAME <i>Re-Elect Pamela DiGiovanni for Daly City Council 2022</i>			
NAME OF FINANCIAL INSTITUTION <i>Wells Fargo</i>		AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY <i>Daly City</i>	STATE <i>CA</i>	ZIP CODE <i>94015</i>

**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 PROPOINTER	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE	
<i>Pamela DiGiovanni</i>	<i>Daly City Council member</i>	<i>2022</i>	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan (list political party below)
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> 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	
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE