# Statement of Organization

**Recipient Committee**

**Statement Type**

- Initial
  - Not yet qualified
  - Date qualification threshold met

**1. Committee Information**

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

**NAME OF COMMITTEE**

Re-Elect Pamela DiGiovanni for Daly City Council 2023

**CITY**

Daly City

**STATE**

CA

**ZIP CODE**

94015

**FAX MAILING ADDRESS (IF DIFFERENT)**

Same as above

**COUNTY OF DOMICILE**

San Mateo

**JURISDICTION WHERE COMMITTEE IS ACTIVE**

Daly City

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

- **NAME OF TREASURER**
  - Maria Brizuela

**CITY**

Daly City

**STATE**

CA

**ZIP CODE**

94015

**NAME OF ASSISTANT TREASURER, IF ANY**

Same as above

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

Same as above

**CITY**

Daly City

**STATE**

CA

**ZIP CODE**

94015

**NAME OF PRINCIPAL OFFICER(S)**

Same as above

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

Same as above

**CITY**

Daly City

**STATE**

CA

**ZIP CODE**

94015

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**

02/16/2022

**SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent**

**Executed on**

02/16/2022

**SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent**

**Executed on**

**SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent**

**Executed on**

**SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent**

---

FPPC Form 410 (August/2018)

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

www.fppc.ca.gov
Statement of Organization
Recipient Committee

COMMITTEE NAME
Re-Elect Pamela DiGiovanni for Daly City Council 2023

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

NAME OF FINANCIAL INSTITUTION
Wells Fargo

ADDRESS

CITY OF 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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD</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:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURES(J) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>