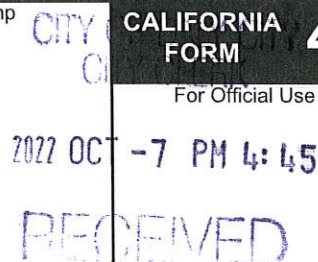


496 Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

| | | | |
|---|--|--|---|
| NAME OF FILER Daly City Police Officers Association PAC | | Date of This Filing 10/07/2022 | Date Stamp  <div style="position: absolute; top: 10px; right: 10px; background-color: black; color: white; padding: 5px; font-weight: bold;"> CALIFORNIA FORM 496 For Official Use Only </div> |
| AREA CODE/PHONE NUMBER [REDACTED] | I.D. NUMBER (if applicable) 862148 | Report No. 1 | |
| STREET ADDRESS [REDACTED] | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | |
| CITY Daly City | STATE CA | ZIP CODE 94015 | |
| | | No. of Pages 1 | |

1. List Only One Candidate or Ballot Measure

| | | | | | | | |
|--|---------------------|--|---------------|--|---------------------|----------------|---------------|
| NAME OF CANDIDATE SUPPORTED OR OPPOSED Re-Elect Pamela DiGiovanni for Daly City Council 2022 | | | | NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED | | | |
| OFFICE SOUGHT OR HELD Daly City Council | DISTRICT NO. | SUPPORT <div style="text-align: center;">X</div> | OPPOSE | BALLOT NO./LETTER | JURISDICTION | SUPPORT | OPPOSE |

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

| DATE | DESCRIPTION OF EXPENDITURE | AMOUNT |
|-----------|---|--------|
| 10/7/2022 | Campaign Mailer in support of candidate (multiple candidates on the mailer) | \$3549 |
| | | |
| | | |
| | | |
| | | |

Reason for Amendment: _____

496 Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER

Daly City Police Officers Association PAC

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

862148

STREET ADDRESS

CITY

Daly City

STATE

CA

ZIP CODE

94015

Date of

This Filing 10/07/2022

Report No.

2

☐ Amendment
to Report No.

(explain below)

No. of Pages

1

Date Stamp

CITY OF
DALY CITY

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CALIFORNIA
FORM

496

For Official Use Only

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED

Re-Elect Ray Buenaventura for Daly City Council 2022

OFFICE SOUGHT OR HELD

Daly City Council

DISTRICT NO.

SUPPORT

OPPOSE

X

NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

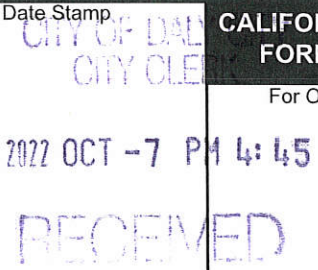
| DATE | DESCRIPTION OF EXPENDITURE | AMOUNT |
|-----------|---|--------|
| 10/7/2022 | Campaign Mailer in support of candidate (multiple candidates on the mailer) | \$3549 |
| | | |
| | | |
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Reason for Amendment: _____

496 Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

| | | | | |
|---|--|--|---|---|
| NAME OF FILER Daly City Police Officers Association PAC | | Date of This Filing 10/07/2022 | Date Stamp  | CALIFORNIA FORM 496 For Official Use Only |
| AREA CODE/PHONE NUMBER [REDACTED] | I.D. NUMBER (if applicable) 862148 | Report No. 3 | | |
| STREET ADDRESS [REDACTED] | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY Daly City | STATE CA | ZIP CODE 94015 | | |

1. List Only One Candidate or Ballot Measure

| | | | | | | | |
|---|---------------------|---------------------|---------------|--|---------------------|----------------|---------------|
| NAME OF CANDIDATE SUPPORTED OR OPPOSED Re-Elect Rod Daus-Magbual for Daly City Council 2022 | | | | NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED | | | |
| OFFICE SOUGHT OR HELD Daly City Council | DISTRICT NO. | SUPPORT X | OPPOSE | BALLOT NO./LETTER | JURISDICTION | SUPPORT | OPPOSE |

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

| DATE | DESCRIPTION OF EXPENDITURE | AMOUNT |
|-----------|---|--------|
| 10/7/2022 | Campaign Mailer in support of candidate (multiple candidates on the mailer) | \$3549 |
| | | |
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Reason for Amendment: _____