

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Re-Elect Pamela DiGiovanni for Daly City Council</i>		Date of This Filing <i>10/10/2022</i>	CITY OF DALY CITY CITY CLERK <i>2022 OCT 10 PM 12:43</i>	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER <i>[REDACTED]</i>	I.D. NUMBER (if applicable) <i>1444839</i>	Report No. <i>3</i>		For Official Use Only
STREET ADDRESS <i>[REDACTED]</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	<i>RECEIVED</i>	
CITY <i>Daly City CA.</i>	STATE <i>CA</i>	ZIP CODE <i>94015</i>	No. of Pages <i>1</i>	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
<i>10/10/2022</i>	<i>Northern California Carpenters Regional Council / Small Contributor Committee IOT#972104 Oakland, CA 94601</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>\$1000.00</i> <input type="checkbox"/> Check if Loan <input type="checkbox"/> Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan <input type="checkbox"/> Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan <input type="checkbox"/> Provide interest rate

Reason for Amendment: _____

* Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee