

## 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Re-Elect Pamela DiGiovanni for Daly City</i>	DATE OF THIS FILING <i>10/11/2022</i>	DATE STAMP <i>2022 OCT 11 AM 11:11</i>
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) <i>19949839 2022</i>	CITY OF <i>Daly City</i>
STREET ADDRESS [REDACTED]		STATE <i>CA</i>
CITY <i>Daly City</i>		ZIP CODE <i>94015</i>
Report No. <u>4</u> <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages _____		
<b>RECEIVED</b>		

## 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>10/11/2022</i>	<i>Daly City Police Officers Association Political Action Committee [REDACTED] Daly City CA 94015</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>\$14,500.00</i> <input type="checkbox"/> Check if Loan <hr/> <hr/>
		<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 <hr/> <hr/>
		<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 <hr/> <hr/>

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