

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Rep/Elect Pamela DiGianni for Daly City</b>		Date of This Filing <b>10/11/2022</b>	CITY OF DALY CITY Date Stamp <b>2022 OCT 11 AM 11:11</b> <b>RECEIVED</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) <b>1449039</b>	Report No. <b>4</b>		
CITY <b>Daly City</b>		STATE <b>CA</b>		
ZIP CODE <b>94015</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
		No. of Pages _____		

## 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
<b>10/11/2022</b>	<b>Daly City Police Officers Association Political Action Committee [REDACTED] Daly City CA 94015</b>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<b>\$4,500.00</b>  <input type="checkbox"/> Check if Loan _____% 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 _____% 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 _____% 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