

## 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>10/14/2022</i>	Date Stamp CITY <i>2022 OCT 14 PM 1:07</i>
AREA CODE/PHONE NUMBER <i>650</i>	I.D. NUMBER (if applicable) <i>1444889</i>	Report No. <i>5</i>	CALIFORNIA FORM 497 <i>For Official Use Only</i>
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages _____	
CITY <i>Daly City</i>	STATE <i>CA</i>	ZIP CODE <i>94015</i>	<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>10/14/2022</i>	<i>San Francisco Laborer's Local 261 PAC-ID# 981076</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  <i>Provide interest rate</i>
	<i>San Francisco CA 94110</i>	<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  <i>Provide interest rate</i>
		<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  <i>Provide interest rate</i>

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