

497 Contribution Report

Amounts may be rounded to whole dollars.

CITY OF DALY CITY

Date Stamp CITY CALIFORNIA FORM 497
 2022 OCT 14 PM 1:07
 RECEIVED

NAME OF FILER: Re-Elect Pamela DiGiovanni for Daly City Council
 AREA CODE/PHONE NUMBER: 650
 I.D. NUMBER (if applicable): 1444889
 STREET ADDRESS: _____
 CITY: Daly City STATE: CA ZIP CODE: 94015

Date of This Filing: 10/14/2022
 Report No.: 5
 Amendment to Report No. _____
 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 |
|---------------|--|---|--|---|
| 10/14/2022 | San Francisco Laborers Local 261 PAC-ID# 981076 San Francisco CA 94110 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1000 ⁰⁰ <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 |

* 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

Reason for Amendment: _____