

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Re-Elect Pamela DiGiovanni for Daly City Council 2022</i>	Date of This Filing <i>10/25/2022</i>	Date Stamp CITY OF DALY CITY CITY CLERK 2022 OCT 25 AM 11:45 RECEIVED	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) <i>1444839</i>	Report No. <i>7</i>		
STREET ADDRESS  CITY STATE ZIP CODE <i>Daly City CA 94015</i>		<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 <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
<i>10/25/2022</i>	<i>Alexandra Bower Stough Rev Trust San Francisco CA 94105</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>\$1000</i> <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: \_\_\_\_\_