Recipient Committee
Campaign Statement
Cover Page

Statement covers period from 09/25/2022 through 10/31/2022

Date of election if applicable: 11/08/2022

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall (Also Complete Part 5)
   - [ ] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
     - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Ballot Measure Committee
     - [ ] Controlled
     - [ ] Sponsored (Also Complete Part 6)
   - [ ] Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:
   - [X] Preelection Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. Committee Information

   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE):
   Re-Elect Amanda DiGiovanni for Daly City Council

   STREET ADDRESS (NO P.O. BOX):
   Daly City, CA 94015

   CITY: Daly City
   STATE: CA
   ZIP CODE: 94015
   AREA CODE:PHONE

   Mailing Address (If different) No. And Street or P.O. Box

   CITY
   STATE
   ZIP CODE
   AREA CODE: PHONE

   Optional: FAX/E-MAIL ADDRESS

   TREASURER(S):

   NAME OF TREASURER:
   Marie Brizuela

   STREET ADDRESS (NO P.O. BOX):
   Daly City, CA 94015

   CITY: Daly City
   STATE: CA
   ZIP CODE: 94015
   AREA CODE: PHONE

   NAME OF ASSISTANT TREASURER, IF ANY

   MAILING ADDRESS

   CITY
   STATE
   ZIP CODE
   AREA CODE: PHONE

   Optional: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/26/2022

By ________________________________
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on 10/25/2022

Executed on

Date

Date

Date

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>City Council member</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>Daly City CA 94015</td>
</tr>
</tbody>
</table>

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
</tr>
<tr>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

| NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT |
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary.
**Contributions Received**

1. Monetary Contributions .................................. Schedule A, Line 3 $9,400
2. Loans Received ........................................... Schedule B, Line 3 $0
3. SUBTOTAL CASH CONTRIBUTIONS .................. Add Lines 1 + 2 $9,400
4. Nonmonetary Contributions .......................... Schedule C, Line 3 $0
5. TOTAL CONTRIBUTIONS RECEIVED ............. Add Lines 3 + 4 $9,400

**Expenditures Made**

6. Payments Made ......................................... Schedule E, Line 4 $0
7. Loans Made ............................................. Schedule H, Line 3 $0
8. SUBTOTAL CASH PAYMENTS .......................... Add Lines 6 + 7 $0
9. Accrued Expenses (Unpaid Bills) .................. Schedule F, Line 3 $0
10. Nonmonetary Adjustment ............................. Schedule C, Line 3 $0
11. TOTAL EXPENDITURES MADE ....................... Add Lines 8 + 9 + 10 $0

**Current Cash Statement**

12. Beginning Cash Balance ............................. Previous Summary Page, Line 16 $2993
13. Cash Receipts .......................................... Column A, Line 3 above $0
14. Miscellaneous Increases to Cash.................... Schedule I, Line 4 $9400
15. Cash Payments .......................................... Column A, Line 8 above $0
16. ENDING CASH BALANCE ............................ Add Lines 12 + 13 + 14, then subtract Line 15 $13,393

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**

<table>
<thead>
<tr>
<th>1/1 through 6/30</th>
<th>7/1 to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Expenditure Limit Summary for State Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

<table>
<thead>
<tr>
<th>Date of Election</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.
## Schedule A
### Monetary Contributions Received

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/28 2022</td>
<td>W. Bruce Borovich 40 Kay &amp; Merkin, on San Francisco, CA 94105-0072</td>
<td>IND</td>
<td></td>
<td>$1,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09/28 2022</td>
<td>San Mateo Building Trade Joint Council PAC#</td>
<td>IND</td>
<td></td>
<td>$500.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/05 2022</td>
<td>Thomas A. Norris Daly City, CA 94015</td>
<td>IND</td>
<td>Attorney</td>
<td>$100.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/05 2022</td>
<td>San Mateo County Firefighters Retiree Action Committee</td>
<td>IND</td>
<td></td>
<td>$500.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/11 2022</td>
<td>Bricklayers &amp; Allied Craftsmen Local No. 3 PAC/Ballard Account San Leandro, CA 94579</td>
<td>IND</td>
<td></td>
<td>$300.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $ 2,400.00**

### Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .................................................. $ 2,400.00

2. Amount received this period – unitemized monetary contributions of less than $100 .......... $ 0

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ................... TOTAL $ 2,400.00

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*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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www.fppc.ca.gov
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/11/2022</td>
<td>Daly City Firefighters Association</td>
<td></td>
<td></td>
<td>$500</td>
<td>$4,000</td>
<td></td>
</tr>
<tr>
<td>10/11/2022</td>
<td>Daly City Police Officers Association</td>
<td></td>
<td></td>
<td>$4,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/11/2022</td>
<td>San Francisco Laborers Local 24</td>
<td></td>
<td></td>
<td>$1,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/10/2022</td>
<td>Northern California Carpenters Road Council/Small Contribution Committee</td>
<td></td>
<td></td>
<td>$1,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL:** $7,000