

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>10/23/2022</i>	CITY OF DALY CITY CITY CLERK 2022 OCT 28 AM 11:21 RECEIVED	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) <i>1449839</i>	Report No. <i>8</i>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY <i>Daly City</i>	STATE <i>CA</i>	ZIP CODE <i>94015</i>	No. of Pages <i>1</i>	

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>10/20/2022</i>	<i>Marty Khorkwan Lam San Francisco, CA 94112</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Manager Restaurant</i>	<i>\$2000<sup>00</sup></i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
<i>10/20/2022</i>	<i>Min Lew San Francisco CA 94118</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Manager Janitorial Service</i>	<i>\$2000<sup>00</sup></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

\* 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: \_\_\_\_\_