497 Contribution Report

Amounts may be rounded to whole dollars

NAME OF FILER Re-Elect Pamela DiGiovanni for Daly City Council 2022

AREA CODE/PHONE NUMBER ▮▮▮▮▮▮▮▮▮▮ **I.D. NUMBER** *(if applicable)*

CITY Daly City CA **STATE** **ZIP CODE** 94015

Date of This Filing 10/31/2022

Date Stamp

Report No. 9

2022 OCT 31 PM 12:52

☐ Amendment to Report No. _____ (explain below)

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CALIFORNIA FORM 497

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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
10/31/2022	International Brotherhood Of Electrical Workers Local Union No. 617 /Political Action Committee ▮▮▮▮▮▮▮▮▮ San Mateo CA 94402	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		$1000 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

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