497 Contribution Report

Amounts may be rounded to whole dollars.

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

I.D. NUMBER *(if applicable)*
1444839

CITY
Daly City

STATE
CA

ZIP CODE
94025

Date of This Filing 11/1/2022

Report No. _____ 10

☐ Amendment to Report No. _____
(explain below)

No. of Pages _____ 1

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
11/01/2022	Randal Scotdodge Daly City CA 94015	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$4,500 ☐ 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