Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 07-01-2022
through 12-31-2022

Date of election if applicable:
(Month, Day, Year)

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

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

3. Committee Information
   I.D. NUMBER
   1055231
   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
   Daly City Firefighters Political Action Committee

   MAILING ADDRESS
   CITY
   Daly City
   STATE
   CA
   ZIP CODE
   94015
   AREA CODE/PHONE

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 11-08-2022
   Date
   By ____________________________________________________________________________
   Signature of Treasurer or Assistant Treasurer

   Executed on __________
   Date
   By ____________________________________________________________________________
   Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on __________
   Date
   By ____________________________________________________________________________
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   Executed on __________
   Date
   By ____________________________________________________________________________
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   EXECUTED (YOUR SIGNATURE)

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

NAME OF OFFICEHOLDER OR CANDIDATE
Daly City Firefighters Political Action Committee

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Daly City CA 94015

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.

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

☐ SUPPORT ☐ OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONET

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.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT ☐ OPPOSE

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☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Amount (Schedule A, Line 3)</th>
<th>Amount (Column B, Calendar Year Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Monetary Contributions</td>
<td>$2,880</td>
<td>$5,760</td>
</tr>
<tr>
<td>2</td>
<td>Loans Received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$2,880</td>
<td>$5,760</td>
</tr>
<tr>
<td>4</td>
<td>Nonmonetary Contributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$2,880</td>
<td>$5,760</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Amount (Schedule E, Line 4)</th>
<th>Amount (Column B, Calendar Year Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Payments Made</td>
<td>$13,605.71</td>
<td>$13,605.71</td>
</tr>
<tr>
<td>7</td>
<td>Loans Made</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$13,605.71</td>
<td>$13,605.71</td>
</tr>
<tr>
<td>9</td>
<td>Accrued Expenses (Unpaid Bills)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Nonmonetary Adjustment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>TOTAL EXPENDITURES MADE</td>
<td>$13,605.71</td>
<td>$13,605.71</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Amount (Column B, Line 3 above)</th>
<th>Amount (Line 16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Beginning Cash Balance</td>
<td>$11,355.79</td>
<td>$11,355.79</td>
</tr>
<tr>
<td>13</td>
<td>Cash Receipts</td>
<td>$2,880</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Miscellaneous Increases to Cash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Cash Payments</td>
<td>$13,605.71</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>ENDING CASH BALANCE</td>
<td>$630.08</td>
<td></td>
</tr>
</tbody>
</table>

**Ending Cash Balance Calculation:**

If this is a termination statement, Line 16 must be zero.

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Amount (Schedule B, Part 2)</th>
<th>Amount (Line 9 in Column B above)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Cash Equivalents</td>
<td></td>
<td></td>
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<tr>
<td>19</td>
<td>Outstanding Debts</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**

- Amounts in the Calendar Year Summary for Candidates may be different from amounts reported in Column B.
- 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).

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 07-01-2022
through 12-31-2022

NAME OF FILER
Daly City Firefighters Political Action Committee

I.D. NUMBER
1055231

<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></td>
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</tr>
</tbody>
</table>

SUBTOTAL $  

Schedule A Summary
1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ................................................................. $  
2. Amount received this period – unitemized monetary contributions of less than $100 ........................................................... $ 2,880  
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ........................................................................................................... TOTAL $ 2,880  

*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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ................................................................. $ \text{13,605.41}

2. Unitemized contributions and independent expenditures made this period of under $100................................................................. $ __________

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ........... TOTAL .. $ \text{13,605.41}
Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other Candidates, Measures and Committees

NAME OF FILER
Daly City Firefighters Political Action Committee

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION (IF REQUIRED)</th>
<th>AMOUNT 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>09-26-2022</td>
<td>Rod Daus-Magbual Pam DiGiovanni Ray Buenaventura</td>
<td>☑ Monetary Contribution</td>
<td>Campaign Propaganda</td>
<td>$12,105.41</td>
<td>$12,105.41</td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 12,105.41
# Schedule E Payments Made

Amounts may be rounded to whole dollars.

**Statement covers period**

from 07-01-2022

g through 12-31-2022

**CALIFORNIA FORM 460**

Page 7 of 8

I.D. NUMBER

1055231

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**NAME OF FILER**

Daly City Firefighters Political Action Committee

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**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- **CMP** campaign paraphernalia/misc.
- **CNS** campaign consultants
- **CTB** contribution (explain nonmonetary)*
- **CVC** civic donations
- **FIL** candidate filing/ballot fees
- **FND** fundraising events
- **IND** independent expenditure supporting/opposing others (explain)*
- **LEG** legal defense
- **LIT** campaign literature and mailings
- **MBR** member communications
- **MTG** meetings and appearances
- **OFC** office expenses
- **PET** petition circulating
- **PHO** phone banks
- **POL** polling and survey research
- **POS** postage, delivery and messenger services
- **PRO** professional services (legal, accounting)
- **PRT** print ads
- **RAD** radio airtime and production costs
- **RFD** returned contributions
- **SAL** campaign workers' salaries
- **TEL** t.v. or cable airtime and production costs
- **TRC** candidate travel, lodging, and meals
- **TRS** staff/spouse travel, lodging, and meals
- **TSF** transfer between committees of the same candidate/sponsor
- **VOT** voter registration
- **WEB** information technology costs (internet, e-mail)

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<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daly City Firefighters Political Action Committee</td>
<td>LIT Firefighters Print &amp; Design</td>
<td>$11,549.74</td>
</tr>
<tr>
<td></td>
<td>CMP Mailers &amp; Signs (Lawn and Jumbo)</td>
<td></td>
</tr>
<tr>
<td>Daly City Firefighters Political Action Committee</td>
<td>CMP Home Depot</td>
<td>$555.67</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MISC. SUPPLIES</td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** $12,105.41

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**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)

2. Unitemized payments made this period of under $100

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)).

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

**TOTAL** $12,105.41

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FFPC Form 460 (Jan/2016)

FFPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov