

Recipient Committee
Campaign Statement
Cover Page

SEE INSTRUCTIONS ON REVERSE

COVER PAGE

Date Stamp

CALIFORNIA FORM 460

CITY OF CITY CLERK / Page 1 of 16

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1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

<input type="checkbox"/> Officeholder, Candidate Controlled Committee	<input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="radio"/> State Candidate Election Committee	<input type="radio"/> Controlled
<input type="radio"/> Recall	<input type="radio"/> Sponsored
(Also Complete Part 5)	
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<input type="radio"/> Sponsored	(Also Complete Part 6)
<input type="radio"/> Small Contributor Committee	
<input type="radio"/> Political Party/Central Committee	

2. Type of Statement:

Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Re-Elect Pamela DiGiovanni for Daly City Council 2022

STREET ADDRESS (NO P.O. BOX)

Daly City CA 94015

CITY STATE ZIP CODE 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

MAILING ADDRESS

Colma

STATE ZIP CODE CA 94018

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 01/30/2023 Date 01/30/2023

By _____ Treasurer

Executed on 01/30/2023 Date 01/30/2023

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

Executed on _____ Date _____

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date _____

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Re-Elect Pamela DiGiovanni for Daily City Council 2020

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

City Council member

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

[REDACTED] Daily 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.*

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE?
-------------------	-----------------------

YES NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE?
-------------------	-----------------------

YES NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Candidate Disclosure Statement
Primary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rer-Elect Pamela DiGiovanni for Daly City Council 2022

Contributions Received

1. Monetary Contributions.....	Schedule A, Line 3	\$ <i>719,500</i>	\$ _____
2. Loans Received.....	Schedule B, Line 3	\$ <i>0</i>	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ <i>719,500</i>	\$ _____
4. Nonmonetary Contributions.....	Schedule C, Line 3	\$ <i>0</i>	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ <i>719,500</i>	\$ _____

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

Expenditures Made

6. Payments Made.....	Schedule E, Line 4	\$ <i>23,010</i>	\$ _____
7. Loans Made.....	Schedule H, Line 3	\$ <i>0</i>	\$ _____
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ <i>23,010</i>	\$ _____
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	\$ <i>0</i>	\$ _____
10. Nonmonetary Adjustment.....	Schedule C, Line 3	\$ <i>0</i>	\$ _____
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ <i>23,010</i>	\$ _____

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$ <i>26393</i>	\$ <i>13393</i>
13. Cash Receipts.....	Column A, Line 3 above	\$ <i>0</i>	\$ <i>0</i>
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	\$ <i>0</i>	\$ <i>0</i>
15. Cash Payments.....	Column A, Line 8 above	\$ <i>26393</i>	\$ <i>0</i>
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <i>0</i>	\$ <i>0</i>

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

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ <i>0</i>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse	\$ <i>0</i>
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$ <i>0</i>

Statement covers period
from *10/23/2022*
through *12/31/2022*

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I.D. NUMBER
1494939

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

20. Contributions Received	\$ _____	7/1 to Date
21. Expenditures Made	\$ _____	\$ _____

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yy)	Total to Date
	<i>/ / /</i>	\$ <i>0</i>
	<i>/ / /</i>	\$ <i>0</i>

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).

*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.

SCHEDULE A

Statement covers period

from 10/28/2022

through 12/31/2022

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re-Elect Pamela DiGiovanni for Daly City Council 2022

I.D. NUMBER
1444839

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31 2022	International Brotherhood of Electrical Workers Local Union No. [REDACTED] San Mateo CA 617	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1000		\$1000
11/01 2022	Randall Scott Ridge [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$4,500		\$4,500
10/28/ 2022	Marty DiGiovanni (am [REDACTED] San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Restaurant	\$200		\$200
10/28/ 2022	M. h. Jan [REDACTED] San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Janitorial Service	\$200		\$200
10/28/ 2022	Alexander Bowe, Strength Rev [REDACTED] San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000		\$1,000
SUBTOTAL \$						<u>\$9,500</u>

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 10,500
- Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 10,500**

*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

**Schedule E
Payments Made**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Re-Elect Pamela DiGiovanni for Daly City Council 2022

Amounts may be rounded
to whole dollars.

Statement covers period	
from <u>10/03/2022</u>	
through <u>12/31/2022</u>	
Page <u>35</u> of <u>106</u>	I.D. NUMBER <u>1444039</u>

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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Northern California Carpenters Regional Council/ Small Contributions Committee / I.D. 992704 [REDACTED] - Oakland, CA 94621			Reported as Contribution 10/10/2022 Re: Check received was lost and was not deposited	\$ 1000.00 Never Deposited [REDACTED]
10/28/2022) SparkEasy Political [REDACTED]	LIT			\$ 17,607.45
2028 San Francisco, CA 94109				
10/29/2022) SparkEasy Political [REDACTED]	LIT			4,953.00
2028 San Francisco, CA 94109				

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

SUBTOTAL \$ 22,560

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)..... \$ 22,560
2. Unitemized payments made this period of under \$100..... \$ 480
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$ 22,560**

**Schedule E
(Continuation Sheet)
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re-Elect Pamela DiGiovanni for Daly City Council 2022

Amounts may be rounded
to whole dollars.

Statement covers period
from 10/29/2022
through 12/31/2022

SCHEDULE E (CONT.)

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I.D. NUMBER

1444839

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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>Sandhu Rao</i> [REDACTED] <i>San Francisco, CA 94109</i>	<i>LST</i>			<i>\$138.00</i>
<i>Sandhu Rao</i> [REDACTED] <i>San Francisco, CA 94109</i>	<i>LST</i>			<i>\$315.00</i>

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

SUBTOTAL \$ 450.00