Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 07/01/2023
through 12/31/2023

Date of election if applicable:
(Month, Day, Year)
11/08/2022

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - Officeholder, Candidate Controlled Committee
   - State Candidate Election Committee
   - Recall
   - General Purpose Committee
     - Sponsored
     - Small Contributor Committee
     - Political Party/Central Committee
   - Primarily Formed Ballot Measure Committee
     - Controlled
     - Sponsored
   - Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:
   - Preliminary Statement
   - Semi-Annual Statement
   - Termination Statement
     - (Also file a Form 410 Termination)
   - Amendment (Explain below)

3. Committee Information
   - COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
     Re-Elect Pamela DiGiovanni for Daly City Council 2022
   - I.D. NUMBER

   - STREET ADDRESS (NO P.O. BOX)
     Daly City, CA 94015
   - CITY
   - STATE
   - ZIP CODE
   - AREA CODE

   - MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
     Same as Above

   - CITY
   - STATE
   - ZIP CODE
   - AREA CODE

   - 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 01/24/2024
   Date
   By

   Executed on 01/24/2024
   Date
   By

   Executed on
   Date
   By

   Executed on
   Date
   By

Treasurer(s)
   - NAME OF TREASURER
     Marie Brizuela
   - MAILING ADDRESS

   - CITY
   - STATE
   - ZIP CODE
   - AREA CODE

   - NAME OF ASSISTANT TREASURER, IF ANY
     N/A
   - MAILING ADDRESS

   - CITY
   - STATE
   - ZIP CODE
   - AREA CODE

   - OPTIONAL: FAX / E-MAIL ADDRESS

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www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, Councilmember</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
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<tr>
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<td>STATE</td>
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6. Primarily Formed Ballot Measure Committee

<table>
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<th>NAME OF BALLOT MEASURE</th>
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<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

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<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER</th>
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<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
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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.

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</tr>
</thead>
</table>

Attach continuation sheets if necessary
### Contributions Received

1. Monetary Contributions ........................................ Schedule A, Line 3 $ 0.00 $ 0.00
2. Loans Received .................................................. Schedule B, Line 3 $ 0.00 $ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS .......................... Add Lines 1 + 2 $ 0.00 $ 0.00
4. Nonmonetary Contributions .................................. Schedule C, Line 3 $ 0.00 $ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED ........................ Add Lines 3 + 4 $ 0.00 $ 0.00

### Expenditures Made

6. Payments Made ................................................. Schedule E, Line 4 $ 0.00 $ 0.00
7. Loans Made ..................................................... Schedule H, Line 3 $ 0.00 $ 0.00
8. SUBTOTAL CASH PAYMENTS ............................... Add Lines 6 + 7 $ 0.00 $ 0.00
9. Accrued Expenses (Unpaid Bills) ......................... Schedule F, Line 3 $ 0.00 $ 0.00
10. Nonmonetary Adjustment .................................... Schedule C, Line 3 $ 0.00 $ 0.00
11. TOTAL EXPENDITURES MADE .............................. Add Lines 8 + 9 + 10 $ 0.00 $ 0.00

### Current Cash Statement

12. Beginning Cash Balance ..................................... Previous Summary Page, Line 16 $ 1,833 $ 1,833
13. Cash Receipts .................................................. Column A, Line 3 above $ 0.00 $ 0.00
14. Miscellaneous Increases to Cash ......................... Schedule I, Line 4 $ 0.00 $ 0.00
15. Cash Payments ................................................ Column A, Line 8 above $ 0.00 $ 0.00
16. ENDING CASH BALANCE ................................. Add Lines 12 + 13 + 14, then subtract Line 15 $ 1,833 $ 1,833

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

### Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED ............................ Schedule B, Part 2 $ 0.00 $ 0.00

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

- 20. Contributions Received .................................... $ 0.00
- 21. Expenditures Made ........................................ $ 0.00

### Expenditure Limit Summary for State Candidates

- 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
  - Date of Election (mm/dd/yy) $ 0.00
  - Total to Date $ 0.00

*Amounts in this section 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).

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