

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Daly City Police Officers Association PAC		<b>Date of This Filing</b> 9/12/2018	CITY OF DALY CITY CITY CLERK	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 862148	<b>Report No.</b> 18-1	2018 SEP 13 A 11: 24	
<b>STREET ADDRESS</b> _____		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)	RECEIVED	
_____	STATE ZIP CODE CA 94015	<b>No. of Pages</b> 1		

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
9/12/2018	Pamela DiGiovanni for Daly City Council 2018 Daly City, CA 94015 FPPC#1404560	Pamela DiGiovanni Daly City City Council	\$5000	11/6/2018

Reason for Amendment: \_\_\_\_\_