

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Daly City Firefighters Political action Committee		Date of This Filing 10/23/2018	Date Stamp CITY OF DALY CITY CITY CLERK 2018 OCT 23 A 10: 24 RECEIVED	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1055231	Report No. _____		
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. 1 (explain below)		
CITY Daly City	STATE CA	ZIP CODE 94015		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Pam DiGiovanni				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD City Council	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
8/31/2018	Firefighters Print & Design - 100 Signs Invoice #36434	711
9/23/2018	Firefighters Print & Design - Signs Invoices #36650 & #36557 (3 candidates/total divided by 3)	692

Reason for Amendment: Included taxes and shipping to total cost