

Recipient Committee Campaign Statement Cover Page

CALIFORNIA FORM 460

Date Stamp CITY OF DALY CITY CITY CLERK 2016 SEP 28 P 2:58 RECEIVED

Page 1 of 3 For Official Use Only

Statement covers period from 07/01/2016 through 09/24/2016

Date of election if applicable: (Month, Day, Year) 11/08/2016

SEE INSTRUCTIONS ON REVERSE

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:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment (Explain below)
Quarterly Statement
Special Odd-Year Report
Missing Donation from previous filed 497 form

3. Committee Information

I.D. NUMBER 1387618

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

Sylvesterfordccouncil2016

STREET ADDRESS (NO P.O. BOX)

none

CITY STATE ZIP CODE AREA CODE/PHONE
Daly City CA 94014

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

Debbie Van Patten

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
San Francisco CA 94117

NAME OF ASSISTANT TREASURER, IF ANY

Glenn Sylvester

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Daly City CA 94014

OPTIONAL: FAX / E-MAIL ADDRESS

sylvesterfordccouncil2016@gmail.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and certify under penalty of perjury under the laws of the State of California that the

attached schedules is true and complete.

Executed on 09/28/2016 Date

Executed on 09/28/2016 Date

Executed on Date

Executed on Date

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

Officer of Sponsor

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA 460 FORM</b>
from	07/01/2016	
through	09/24/2016	Page <u>1</u> of <u>3</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sylvester for DC Council

I.D. NUMBER  
1387618

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)
09/22/2016	Plumbers, Steamfitters, Refrigeration Fitters, Local Union 467 1519 Rollins Road, Burlingame, CA 94010	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State & PAC ID NL.782481	3000		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$ 16301
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$ 978
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	<b>TOTAL \$ 17279</b>

\*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

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>07/01/2016</u>	<b>CALIFORNIA FORM 460</b>
through <u>09/24/2016</u>	
Page <u>3</u> of <u>3</u>	
I.D. NUMBER 1387618	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sylvester for DC Council

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Contributions Received</b>		
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>17279</u>	\$ <u>17279</u>
2. Loans Received..... Schedule B, Line 3	<u>4000</u>	<u>4000</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>21279</u>	\$ <u>21279</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>21279</u>	\$ <u>21279</u>

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections		
	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

<b>Expenditures Made</b>		
6. Payments Made..... Schedule E, Line 4	\$ <u>2046</u>	\$ <u>2046</u>
7. Loans Made..... Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>2046</u>	\$ <u>2046</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	<u>4820</u>	<u>4820</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>6866</u>	\$ <u>6866</u>

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	
____/____/____	\$ _____	
____/____/____	\$ _____	

Current Cash Statement	
12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>0</u>
13. Cash Receipts..... Column A, Line 3 above	<u>21279</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	<u>0</u>
15. Cash Payments..... Column A, Line 8 above	<u>2046</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>19233</u>

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

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.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>N/A</u>
<b>Cash Equivalents and Outstanding Debts</b>	
18. Cash Equivalents..... See instructions on reverse	\$ <u>N/A</u>
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>N/A</u>