

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Committee to Re-Elect Ray Buenaventura for Daly City Council		Date of This Filing <u>10/10/2018</u>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1403724	Report No. <u>4</u>	CITY OF DALY CITY CITY CLERK	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. <u>2018 OCT 10 P 2:30</u> (explain below)	No. of Pages <u>RECEIVED</u>	
CITY STATE ZIP CODE				
Daly City CA 94015				

## 1. Contribution(s) Received

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
10/10/2018	Plumbers & Steamfitters Local # 467 1519 Rollins Road Burlingame, CA 94010-2305	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID # NL. 7782481	1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/10/2018	Daly City Police Officers Association PAC 333 Park Plaza, Suite 211 Daly City, CA 94015	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FPPC # 862148	2500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/01/2018		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

**\*\*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

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