Refile from 07/08/2019
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Statement of Organization Recipient Committee

CALIFORNIA FORM 410

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Statement Type

☐ Initial	☑ Amendment	☑ Termination – See Part 5
○ Not yet qualified or ○ Date qualification threshold met	Date qualification threshold met	Date of termination
___/___/___	___/___/___	07 / 01 / 2019

1. Committee Information

I.D. Number *(if applicable)* 1387618

NAME OF COMMITTEE
Sylvester for DC Council 2016

STREET ADDRESS (NO P.O. BOX)

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

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

San Mateo | Daly City

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Debbie Van Patten

STREET ADDRESS (NO P.O. BOX)
et

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

NAME OF ASSISTANT TREASURER, IF ANY
Glenn R. Sylvester

STREET ADDRESS (NO P.O. BOX)

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

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the [illegible] correct.

Executed on 01/31/2020 (DATE) B [illegible] SURER OR ASSISTANT TREASURER

Executed on 01/31/2020 (DATE) B [illegible] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ (DATE) By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ (DATE) By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT