Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Amendment
☑ Termination – See Part 5

Date of termination
07 / 01 / 2019

1. Committee Information
I.D. Number
(If applicable)
NAME OF COMMITTEE
Sylvester for DC Council 2016

STREET ADDRESS (NO P.O. BOX)

CITY
Daly City
STATE
CA
ZIP CODE
94014

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Debbie Van Patten
STREET ADDRESS (NO P.O. BOX)
:
CITY
San Francisco
STATE
CA
ZIP CODE
94117
AREA CODE/PHONE :

NAME OF ASSISTANT TREASURER, IF ANY
Glenn Sylvester
STREET ADDRESS (NO P.O. BOX)
:
CITY
Daly City
STATE
CA
ZIP CODE
94014

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

COUNTRY OF DOMICILE
San Mateo
JURISDICTION WHERE COMMITTEE IS ACTIVE
Daly City

Attach additional information on appropriately labeled continuation sheets.

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 State:

Executed on 07/08/2019
DATE
By

Executed on 07/08/2019
DATE
By

Executed on
DATE
By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT

FPPC Form 410 (August/2018)
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