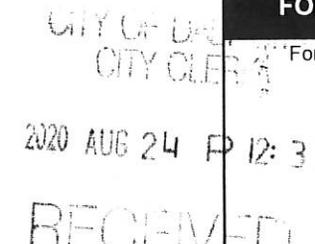


497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Sylvester for Daly City Council 2020			Date of This Filing 08/24/2020	Date Stamp 	CALIFORNIA FORM 497 For Official Use Only
ARFA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1428079		Report No. 1		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below) 1054		
CITY Daly City	STATE CA	ZIP CODE 94014	No. of Pages _____		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
08/21/2020	AGH Realty Group Corp 159 El Camino Real Millbrae, CA 94030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/21/2020	Geary Terraces South LLC 159 El Camino Real Millbrae, CA 94030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/21/2020	Millbrae Paradise LLC 159 El Camino Real Millbrae, CA 94030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

* 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

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Sylvester for Daly City Council 2020		Date of This Filing <u>08/24/2020</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1428079	Report No. <u>1</u>		
STREET ADDRESS e		<input type="checkbox"/> Amendment to Report No. _____ (explain below) <u>2 OF 4</u>		
CITY Daly City	STATE CA	ZIP CODE 94014	No. of Pages <u>2 OF 4</u>	

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
08/21/2020	Van Ness Terraces LLC 159 El Camino Real Millbrae, CA 94030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/21/2020	Judah Terraces LLC 159 El Camino Real Millbrae, CA 94030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/21/2020	Geary Terraces North LLC 159 El Camino Real Millbrae, CA 94030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

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497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Sylvester for Daly City Council 2020		Date of This Filing <u>08/24/2020</u>	Date Stamp	CALIFORNIA FORM 497 <small>For Official Use Only</small>
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1428079	Report No. <u>1</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below) <u>304</u>		
CITY Daly City	STATE CA	ZIP CODE 94014	No. of Pages <u>304</u>	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
08/21/2020	El Camino Terraces LLC 159 El Camino Real Millbrae, CA 94030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
08/21/2020	Hillsdale Terraces LLC 159 El Camino Real Millbrae, CA 94030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
08/21/2020	33rd Ave Liquor Inc 6928 Geary Blvd San Francisco, CA 94121	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

Reason for Amendment: _____

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497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Sylvester for Daly City Council 2020		Date of This Filing 08/24/2020	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 7	I.D. NUMBER (if applicable) 1428079	Report No. 1		
STREET ADDRESS ue		<input type="checkbox"/> Amendment to Report No. _____ (explain below) <u>4 OF 4</u>		
CITY Daly City	STATE CA	ZIP CODE 94014	No. of Pages <u>4 OF 4</u>	

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
08/21/2020	American Mortgage Group Finance 1288 Kifer Road, Suite 206 Sunnyvale, CA 94086	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<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
		<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

Reason for Amendment: _____

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