

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Glenn R. Sylvester		Date of This Filing 09/15/2016	Date Stamp CITY OF DALY CITY CITY CLERK 2016 SEP 15 A 9:52 RECEIVED	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 415-	I.D. NUMBER (if applicable) 1387618	Report No. 001		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Daly City	STATE CA	ZIP CODE 94014		

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
08/15/2016	Glenn Sylvester Daly City, CA 94014 Personal Loan to self	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	2000 <input checked="" 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

****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: _____

497 Contribution Report

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NAME OF FILER Glenn R. Sylvester		Date of This Filing 09/15/2016	Date Stamp CITY OF DALY CITY CITY CLERK 2016 SEP 15 A 10:06	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 415-	I.D. NUMBER (if applicable) 1387618	Report No. 001		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 2	
CITY Daly City	STATE CA	ZIP CODE 94014	RECEIVED	

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
08/25/2016	Geary Terraces North LLC 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 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/25/2016	Judah Terraces LLC 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 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/25/2016	Geary Terraces North LLC 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 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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NAME OF FILER Glenn R. Sylvester		Date of This Filing <u>09/22/2016</u>	Date Stamp CALIFORNIA FORM 497 CITY OF DALY CITY CITY CLERK 2016 SEP 22 P 3:52 RECEIVED
AREA CODE/PHONE NUMBER 415-	I.D. NUMBER (if applicable) 1387618	Report No. <u>002</u>	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <u>1</u>	
CITY Daly City	STATE CA	ZIP CODE 94014	

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
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 & Political Action Fund ID NL. 782481	3000 <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

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497 Contribution Report

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NAME OF FILER Sylvester for Daly City Council		Date of This Filing <u>10/17/2016</u>	Date Stamp CITY OF DALY CITY CITY CLERK	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1387618	Report No. <u>003</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	2016 OCT 17 A 11:03	
CITY	STATE	ZIP CODE	No. of Pages <u>1</u>	RECEIVED
Daly City	Ca	94014		

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
10/14/2016	Daly City Police Officers' Association 333 Park Plaza Drive, 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	ID# 862148 Like Kind Contribution Mailer/Literature	4021 <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

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NAME OF FILER Sylvester for DC Council 2016		Date of This Filing <u>10/21/2016</u>	Date Stamp CITY OF DALY CITY CLERK 2016 OCT 21 P 2:16 RECEIVED
AREA CODE/PHONE NUMBER 4	I.D. NUMBER (if applicable) 1387618	Report No. <u>004</u>	
STREET ADDRESS e		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY STATE ZIP CODE Daly City CA 94014		No. of Pages <u>1</u>	CALIFORNIA FORM 497 For Official Use Only

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
10/20/2016	California Real Estate Political Action Committee 525 S. Virgil Avenue Los Angeles, Ca 90020	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID # 890106	5000 <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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NAME OF FILER Sylvester for Daly City Council		Date of This Filing 11/01/2016	Date Stamp CITY OF DALY CITY CITY CLERK 2016 NOV -1 P 2:39 RECEIVED	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 3	I.D. NUMBER (if applicable) 1387618	Report No. 5		
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Daly City	STATE CA	ZIP CODE 94014	No. of Pages 1	

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
11/01/2016	Daly City Police Officers' Association PAC 333 Park Plaza Drive, Suite 211 Daly City, CA 94014	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Id # 862148 Like Kind Contribution Campaign Signs	1168 <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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NAME OF FILER Sylvester for DC Council 2016		Date of This Filing 11/07/2016	Date Stamp CITY OF DALY CITY CITY CLERK	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER -----	I.D. NUMBER (if applicable) 1387618	Report No. 6	2016 NOV - 7 P 5: 24	
STREET ADDRESS -----		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	RECEIVED	
CITY Daly City	STATE CA	ZIP CODE 94014	No. of Pages 1	

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
11/07/2016	DRIVE Committee 25 Louisiana Avenue NW Washington, DC 20001-2198	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FEC ID C00032979	1000 <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

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NAME OF FILER Sylvester for DC Council 2016		Date of This Filing 11/09/2016	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 415 555-1234	I.D. NUMBER (if applicable) 1387618	Report No. 007	CITY OF DALY CITY CITY CLERK	
STREET ADDRESS 123 Main St		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		2016 NOV - 9 P 5: 22
CITY Daly City	STATE CA	ZIP CODE 94014	No. of Pages 1	

RECEIVED

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
11/09/2016	Point Martin, LLC 4369 Lilac Ridge Road San Ramon, CA 94582	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
11/09/2016	Daly City Police Officers' Association 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	ID # 862148 Like Kind Donation / Mailers	2596 <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

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NAME OF FILER Sylvester for DC Council 2016		Date of This Filing 11/16/2016	Date Stamp CITY OF DALY CITY 2016 NOV 16 A 10:20 RECEIVED	CALIFORNIA FORM 497 Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1387618	Report No. 008		
STREET ADDRESS ie		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Daly City	STATE CA	ZIP CODE 94014	No. of Pages 1	

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
11/15/2016	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 <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

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