**497 Contribution Report**

**DATE OF THIS FILING:** 11/02/2018  
**REPORT NO.:** 6  
**AMOUNT RECEIVED:**  
**DATE STAMP:** 2018 NOV 2 A 11:41  
**RECEIVED**

**NAME OF FILER:** Committee to Re-Elect Ray Buenaventura for Daly Council 2018  
**AREA CODE/PHONE NUMBER:**  
**ID. NUMBER (if applicable):** 1403724

**STREET ADDRESS:**  
**CITY:**  
**STATE:**  
**ZIP CODE:**  
**CITY OF DALY CITY:**  
**CITY CLERK:**  
**CALIFORNIA FORM 497**

**1. Contribution(s) Received**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED</th>
<th>CHECK IF LOAN</th>
<th>PROVIDE INTEREST RATE</th>
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<tr>
<td>11/01/2018</td>
<td>W Bruce Bercovich San Francisco, CA 94105</td>
<td>☑ IND</td>
<td>Attorney Kay &amp; Merkle, LLP</td>
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<tr>
<td>11/01/2018</td>
<td>Alexandra Bower Stough Rev Trust San Francisco, CA 94105</td>
<td>☑ IND</td>
<td>Nurse Practitioner CCSF</td>
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**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

**FPPC Form 497 (Jul/2016)**  
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