497 Contribution Report

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 497

NAME OF FILER Sylvester for Daly City Council 2024	Date of This Filing 10/09/2024
AREA CODE/PHONE NUMBER	**I.D. NUMBER** *(if applicable)* 1466188	Report No. 4
STREET ADDRESS	☐ Amendment to Report No. _____ *(explain below)*
CITY Daly City	**STATE** CA	**ZIP CODE** 94014	No. of Pages 1

Date Stamp

RECEIVED: OCT 10 2024 PM02:08 CITY OF DALY CITY

For Official Use Only

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
10/09/2024	San Francisco Police Officers Association PAC San Francisco, CA 94103	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ID# 1315969	1000.00 ☐ Check if Loan _____ % Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____ % Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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