

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

CALIFORNIA **460**
FORM

Page 2 of 7

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Sylvester for Daly City Council 2024

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Daly City, City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] Daly City CA 94014

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 09/22/2024

through 10/19/2024

CALIFORNIA **460**
FORM

Page 4 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sylvester for Daly City Council 2024

I.D. NUMBER
1466188

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/25/2024	AFSCME AFL-CIO LOCAL ,PAC [REDACTED] Belmont, Ca 94002	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FPPC# 841864	1,000.00	1,000.00	1,000.00
09/25/2024	California Real Estate PAC [REDACTED] Los Angeles, CA 90071	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CREPAC #890106	5,500.00	5,500.00	5,500.00
09/29/2024	Hui Li [REDACTED] San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	5,000.00	5,000.00	5,000.00
10/03/2024	Daly City Police Officers Assoc PAC [REDACTED] Daly City, CA 94105	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000.00	2000.00	2000.00
10/09/2024	San Francisco Police Officers Association [REDACTED] San Francisco, CA 94013	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID # 1315969	1000.00	1000.00	1000.00

SUBTOTAL \$ 14,500.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 15,000.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 15,000.00**

*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 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>09/22/2024</u>	CALIFORNIA FORM 460
through <u>10/19/2024</u>	Page <u>5</u> of <u>7</u>
	I.D. NUMBER <u>1466188</u>

NAME OF FILER

Sylvester for Daly City Council 2024

I.D. NUMBER

1466188

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2024	California Apartment Association PAC [REDACTED] Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID # 745208	500.00	500.00	500.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

***Contributor Codes**

IND = Individual

IND - Individual
COM - Recipient Committee
(other than PTY or SC)

OTH = Other (e.g., business entity)

OTH = Other (e.g., be
PTY = Political Party

PP = Political Party
SCC = Small Contributor Committee

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sylvester for Daly City Council 2024

Statement covers period
from 09/22/2024

through 10/19/2024

CALIFORNIA
FORM

Page 6 of 7

I.D. NUMBER

1466188

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

MBR member communications

RAD radio airtime and production costs

CNS campaign consultants

MTG meetings and appearances

RFD returned contributions

CTB contribution (explain nonmonetary)*

OFC office expenses

SAL campaign workers' salaries

CVC civic donations

PET petition circulating

TEL t.v. or cable airtime and production costs

FIL candidate filing/ballot fees

PHO phone banks

TRC candidate travel, lodging, and meals

FND fundrasling events

POL polling and survey research

TRS staff/spouse travel, lodging, and meals

IND independent expenditure supporting/opposing others (explain)*

POS postage, delivery and messenger services

TSF transfer between committees of the same candidate/sponsor

LEG legal defense

PRO professional services (legal, accounting)

VOT voter registration

LIT campaign literature and mailings

PRT print ads

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Rey Guarin [REDACTED] Daly City, CA 94015	FND		Check# 106 /Photographer/Video at Kickoff Event	300.00
Magnets on the Cheap [REDACTED] Austin, TX 78758	CMP		CC, Car Door Magnets x6	183.60
Next Day Display [REDACTED] Los Angeles, CA 90021	CMP		CC, 4x8 Banners x5	366.80

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 850.40

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>16,501.55</u>
2. Unitemized payments made this period of under \$100.....	\$ <u>0.00</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0.00</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>16501.55</u>

**Schedule E
(Continuation Sheet)
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sylvester for Daly City Council 2024

Amounts may be rounded
to whole dollars.

Statement covers period from <u>09/22/2024</u>	CALIFORNIA FORM 460
through <u>10/19/2024</u>	Page <u>7</u> of <u>7</u>
I.D. NUMBER <u>1466188</u>	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sneakeasy Political [REDACTED] San Francisco, CA 94109	POS		CC, 4x6 Mailer Design, Postage, Delivery	14,967.55
Next Day Display [REDACTED] Los Angeles, CA 90021	CMP		CC, 4x8 Banners x10	683.60

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 15,651.15

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