497 Contribution Report

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 497

NAME OF FILER Sylvester for Daly City Council 2020	Date of This Filing 09/22/20
AREA CODE/PHONE NUMBER ...	I.D. NUMBER (if applicable) 1428079	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

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2020 SEP 23 A to 2...

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
09/22/2020	Guadalupe Campos Millbrae, CA	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retiree	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