

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Sylvester for Daly City Council 2020		Date of This Filing 08/24/2020	Date Stamp CITY OF DALY CITY CLERK	CALIFORNIA FORM <b>497</b>
ARFA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1428079	Report No. 1	For Official Use Only	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	2020 AUG 24 P 12:30	
CITY Daly City	STATE CA	ZIP CODE 94014	No. of Pages 104	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
08/21/2020	AGH Realty Group Corp  Millbrae, CA 94030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00  <input type="checkbox"/> Check if Loan  <hr/> Provide interest rate
08/21/2020	Geary Terraces South 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		1000.00  <input type="checkbox"/> Check if Loan  <hr/> Provide interest rate
08/21/2020	Millbrae Paradise 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		1000.00  <input type="checkbox"/> Check if Loan  <hr/> 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

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STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Daly City	STATE CA	ZIP CODE 94014	No. of Pages <u>1 of 4</u>

## 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
08/21/2020	Van Ness 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		1000.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate
08/21/2020	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		1000.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate
08/21/2020	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		1000.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) <u>1428079</u>	Report No. <u>1</u>		For Official Use Only
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <u>3054</u>		
CITY <u>Daly City</u>	STATE <u>CA</u>	ZIP CODE <u>94014</u>		

### **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
08/21/2020	El Camino 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		1000.00  <input type="checkbox"/> Check if Loan  <hr/> Provide interest rate %
08/21/2020	Hillsdale 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		1000.00  <input type="checkbox"/> Check if Loan  <hr/> Provide interest rate %
08/21/2020	33rd Ave Liquor Inc  San Francisco, CA 94121	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00  <input type="checkbox"/> Check if Loan  <hr/> Provide interest rate %

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NAME OF FILER Sylvester for Daly City Council 2020		Date of This Filing <u>08/24/2020</u>	Date Stamp
AREA CODE/PHONE NUMBER <u>7</u>	I.D. NUMBER (if applicable) <u>1428079</u>	Report No. <u>1</u>	<b>CALIFORNIA FORM 497</b>
STREET ADDRESS <u>1000 1st Street</u>		<input type="checkbox"/> Amendment to Report No. <u>1</u> (explain below)	For Official Use Only
CITY <u>Daly City</u>	STATE <u>CA</u>	ZIP CODE <u>94014</u>	No. of Pages <u>4 of 4</u>

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08/21/2020	American Mortgage Group Finance  Sunnyvale, CA 94086	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00  <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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