

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Committee to Re-Elect Ray Buenaventura for Daly City Council		Date of This Filing <i>17/09/18</i>	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1403724	Report No. <u>2</u>	For Official Use Only CITY OF DALY CITY CITY CLERK	
STREET ADDRESS				2018 SEP 17 A 11:36
CITY Daly City	STATE CA	ZIP CODE 94015	No. of Pages <u>1</u>	

1. Contribution(s) Received

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
09/06/2018	Fortune Players Group, Inc. Daly City, CA	<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/> <input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<hr/> <input type="checkbox"/> Check if Loan <hr/> <input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<hr/> <input type="checkbox"/> Check if Loan <hr/> <input type="checkbox"/> Check if Loan

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