Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Amendment
☐ Termination – See Part 5

04/27/2018
Date qualified as committee
Date qualified as committee
Date of termination

1. Committee Information
I.D. Number
1403724

NAME OF COMMITTEE
Committee to Re-Elect Ray Buenaventura for Daly City Council 2018

STREET ADDRESS (NO P.O. BOX)

CITY
Daly City

STATE
CA

ZIP CODE
94015

MAILING ADDRESS (IF DIFFERENT)

CITY
Daly City

STATE
CA

ZIP CODE
94015

EMAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE
San Mateo

JURISDICTION WHERE COMMITTEE IS ACTIVE
Daly City

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Glenn R. Sylvester

STREET ADDRESS (NO P.O. BOX)

CITY
Daly City

STATE
Ca

ZIP CODE
94014

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of

Executed on 4/25/18
By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 4/30/18
By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
DATE
By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
DATE
By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (October/2017)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee
INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Committee to Re-Elect Ray Buenaventura for Daly City Council 2018

* All committees must list the financial institution where the campaign bank account is located.

Name of Financial Institution
FNB NORCAL

Address
6600 Mission Street  Daly City  CA  94014

4. Type of Committee
Complete the applicable sections.

Controlled Committee

* List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.

* List the political party with which each officeholder or candidate is affiliated or check “nonpartisan.” Stating “No party preference” is acceptable.

* If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>CHECK ONE</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ray Buenaventura</td>
<td>Daly City Council</td>
<td>2018</td>
<td>☑</td>
<td>Nonpartisan</td>
</tr>
</tbody>
</table>

Primarily Formed Committee
Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE “RECALL” IN FRONT OF THE OFFICEHOLDER’S NAME.</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

Clear Page  Print