Statement of Organization
Recipient Committee

Statement Type

☑ Amendment
☐ Initial
☐ Not yet qualified
☐ Date qualified as committee

Date qualified as committee
Date of termination

1. Committee Information
I.D. Number (If applicable)

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

ADDRESS (NO P.O. BOX)

CITY
Daly City
STATE
CA
ZIP CODE
94015

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
councilmemberbuenaventura@gmail.com

COUNTY OF Domicile
San Mateo
JURISDICTION WHERE COMMITTEE IS ACTIVE
Daly City

Attach additional information on appropriately labeled continuation sheets.

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
AREA CODE/PHONE

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, the information is true and correct.

Executed on 1/22/18 By

Signature of Treasurer or Assistant Treasurer

Executed on 1/25/18 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

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.

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>FNB NORCAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>6600 Mission Street</td>
<td>Daly City</td>
<td>CA</td>
<td>94014</td>
</tr>
</tbody>
</table>

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 PROONENT</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 Partisan (list political party below)</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 (INC. BALLOT NO. OR LETTER) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME.</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INC. DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>