Recipient Committee Campaign Statement Cover Page

Date Stamp

CITY OF DALY CITY
CITY CLERK

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CALIFORNIA FORM 460

Page ___1___ of _5_

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SEE INSTRUCTIONS ON REVERSE

Statement covers period	
from	01/01/2018
through	06/30/2018

Date of election if applicable:
(Month, Day, Year)

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

☑ Officeholder, Candidate Controlled Committee
  ○ State Candidate Election Committee
  ○ Recall
  (Also Complete Part 5)

☐ General Purpose Committee
  ○ Sponsored
  ○ Small Contributor Committee
  ○ Political Party/Central Committee

☐ Primarily Formed Ballot Measure Committee
  ○ Controlled
  ○ Sponsored
  (Also Complete Part 6)

☐ Primarily Formed Candidate/Officeholder Committee
  (Also Complete Part 7)

2. Type of Statement

☐ Preelection Statement
☑ Semi-annual Statement
☐ Termination Statement
  (Also file a Form 410 Termination)
☐ Amendment (Explain below)

☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1387618

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Sylvester for DC Council 2016

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Daly City	CA	94014	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

sylvesterfordccouncil2016@gmail.com

Treasurer(s)

NAME OF TREASURER

Deborah VanPatten

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Francisco	CA	94117	

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on __01/17/18__ By _____
  Date   Treasurer or Assistant Treasurer

Executed on __07/17/18__ By _____
  Date   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ By _____
  Date   Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ By _____
  Date   Signature of Controlling Officeholder, Candidate, State Measure Proponent

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www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Sylvester for DC Council 2016

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Daly City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
	Daly City	CA	94014

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER

NAME OF TREASURER	CONTROLLED COMMITTEE?
	☐ YES ☐ NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER

NAME OF TREASURER	CONTROLLED COMMITTEE?
	☐ YES ☐ NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	
		☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
		☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

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Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

from ___01/01/2018___

through ___06/30/2018___

CALIFORNIA FORM 460

Page __3__ of __5__

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Sylvester for DC Council 2016

I.D. NUMBER
1387618

Contributions Received		**Column A** TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	**Column B** CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 0	$ 0
2. Loans Received	Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 0	$ 0
4. Nonmonetary Contributions	Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 0	$ 0

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$ 0	$ 0
21. Expenditures Made	$	$

Expenditures Made			
6. Payments Made	Schedule E, Line 4	$ 689.00	$
7. Loans Made	Schedule H, Line 3	0	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 689.00	$
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	
10. Nonmonetary Adjustment	Schedule C, Line 3	0	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 689.00	$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
___/___/___	$ ___
___/___/___	$ ___

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 2876.00
13. Cash Receipts	Column A, Line 3 above	0
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	689.00
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 2187.00

If this is a termination statement, Line 16 must be zero.

| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | $ |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$

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Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SCHEDULE D

CALIFORNIA FORM 460

Statement covers period	
from	01/01/2018
through	06/30/2018

Page 4 of 5

NAME OF FILER

Sylvester for DC Council 2016

I.D. NUMBER

1387618

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/27/2018	Ray Buenaventura for Daly City Council 2018 Daly City, CA 94015 ☑ Support ☐ Oppose	☑ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	FPPC# 1403724	500.00		
05/20/2018	Mark Nagales for City Council 2018 ☑ Support ☐ Oppose	☑ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	FPPC# 1346338	100.00		
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				

SUBTOTAL $ 600.00

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).. $ 600.00

2. Unitemized contributions and independent expenditures made this period of under $100... $

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.).......... **TOTAL**.. $ 600.00

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period		SCHEDULE E
from	01/01/2018	CALIFORNIA FORM 460
through	06/30/2018	Page 5 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sylvester for DC Council 2016

I.D. NUMBER

1387618

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP   campaign paraphernalia/misc.
CNS   campaign consultants
CTB   contribution (explain nonmonetary)*
CVC   civic donations
FIL   candidate filing/ballot fees
FND   fundraising events
IND   independent expenditure supporting/opposing others (explain)*
LEG   legal defense
LIT   campaign literature and mailings

MBR   member communications
MTG   meetings and appearances
OFC   office expenses
PET   petition circulating
PHO   phone banks
POL   polling and survey research
POS   postage, delivery and messenger services
PRO   professional services (legal, accounting)
PRT   print ads

RAD   radio airtime and production costs
RFD   returned contributions
SAL   campaign workers' salaries
TEL   t.v. or cable airtime and production costs
TRC   candidate travel, lodging, and meals
TRS   staff/spouse travel, lodging, and meals
TSF   transfer between committees of the same candidate/sponsor
VOT   voter registration
WEB   information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Card Services Wilmington, DE 19899-8802	PRO		Credit Card Renewal Fee	89.00
Ray Buenaventura for Daly City Council 2018 Daly City, CA 94015	CTB		FPPC# 1403724	500.00
Mark Nagales for City Council 2018	CTB		FPPC# 1346338	100.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 689.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)... $ 689.00
2. Unitemized payments made this period of under $100.. $ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)............. $ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).......................... **TOTAL $** 689.00

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