Recipent Committee
Campaign Statement
Cover Page

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - [ ] Officerholder, Candidate Controlled Committee
   - [X] State Candidate Election Committee
   - [ ] Recall
   - [ ] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
     - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Ballot Measure Committee
   - [X] Controlled
   - [ ] Sponsored
   (Also Complete Part 6)
   - [ ] Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 7)

2. Type of Statement:
   - [ ] Preelection Statement
   - [ ] Quarterly Statement
   - [X] Semi-annual Statement
   - [ ] Special Odd-Year Report
   - [ ] Termination Statement
     (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. Committee Information

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

   Sylvester for DC Council 2016

   STREET ADDRESS (NO P.O. BOX)

   CITY                          STATE                         ZIP CODE
   Daly City                     CA                             94014

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

   CITY                          STATE                         ZIP CODE
   Daly City                     CA                             94014

   OPTIONAL: FAX / E-MAIL ADDRESS

   sylvesterfordcouncil2016@gmail.com

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 for:

Executed on 1/17/17
By ____________________________
Signature of Treasurer

Executed on 1/17/17
By ____________________________
Signature of Assistant Treasurer

Executed on 1/17/17
By ____________________________
Signature of LLC/State Measure Proponent or Responsible Officer of Sponsor

Executed on 1/17/17
By ____________________________
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on 1/17/17
By ____________________________
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>Sylvester for DC Council 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>Daly City Council</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>Daly City</td>
</tr>
<tr>
<td>CITY</td>
<td>CA</td>
</tr>
<tr>
<td>STATE</td>
<td>94014</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td>AREA CODE/PHONE</td>
</tr>
</tbody>
</table>

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 PROONENT |
| 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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
**Contributions Received**

1. Monetary Contributions
   - Schedule A, Line 3
   - Column A: TOTAL THIS PERIOD FROM ATTACHED SCHEDULES: $0
   - Column B: CALENDAR YEAR TOTAL TO DATE: $0

2. Loans Received
   - Schedule B, Line 3
   - Column A: TOTAL THIS PERIOD FROM ATTACHED SCHEDULES: $0
   - Column B: CALENDAR YEAR TOTAL TO DATE: $0

3. SUBTOTAL CASH CONTRIBUTIONS
   - Add Lines 1 + 2
   - Column A: TOTAL THIS PERIOD FROM ATTACHED SCHEDULES: $0
   - Column B: CALENDAR YEAR TOTAL TO DATE: $0

4. Nonmonetary Contributions
   - Schedule C, Line 3
   - Column A: TOTAL THIS PERIOD FROM ATTACHED SCHEDULES: $0
   - Column B: CALENDAR YEAR TOTAL TO DATE: $0

5. TOTAL CONTRIBUTIONS RECEIVED
   - Add Lines 3 + 4
   - Column A: TOTAL THIS PERIOD FROM ATTACHED SCHEDULES: $0
   - Column B: CALENDAR YEAR TOTAL TO DATE: $0

**Expenditures Made**

6. Payments Made
   - Schedule E, Line 4
   - Column A: TOTAL THIS PERIOD FROM ATTACHED SCHEDULES: $689.00
   - Column B: CALENDAR YEAR TOTAL TO DATE: $689.00

7. Loans Made
   - Schedule H, Line 3
   - Column A: TOTAL THIS PERIOD FROM ATTACHED SCHEDULES: $0
   - Column B: CALENDAR YEAR TOTAL TO DATE: $0

8. SUBTOTAL CASH PAYMENTS
   - Add Lines 6 + 7
   - Column A: TOTAL THIS PERIOD FROM ATTACHED SCHEDULES: $689.00
   - Column B: CALENDAR YEAR TOTAL TO DATE: $689.00

9. Accrued Expenses (Unpaid Bills)
   - Schedule F, Line 3
   - Column A: TOTAL THIS PERIOD FROM ATTACHED SCHEDULES: $0
   - Column B: CALENDAR YEAR TOTAL TO DATE: $0

10. Nonmonetary Adjustment
    - Schedule C, Line 3
    - Column A: TOTAL THIS PERIOD FROM ATTACHED SCHEDULES: $0
    - Column B: CALENDAR YEAR TOTAL TO DATE: $0

11. TOTAL EXPENDITURES MADE
    - Add Lines 8 + 9 + 10
    - Column A: TOTAL THIS PERIOD FROM ATTACHED SCHEDULES: $689.00
    - Column B: CALENDAR YEAR TOTAL TO DATE: $689.00

**Current Cash Statement**

12. Beginning Cash Balance
    - Previous Summary Page, Line 16
    - Column A: TOTAL THIS PERIOD FROM ATTACHED SCHEDULES: $2876.00

13. Cash Receipts
    - Column A, Line 3 above
    - Column B: CALENDAR YEAR TOTAL TO DATE: $0

14. Miscellaneous Increases to Cash
    - Schedule I, Line 4
    - Column A: TOTAL THIS PERIOD FROM ATTACHED SCHEDULES: $0

15. Cash Payments
    - Column A, Line 8 above
    - Column B: CALENDAR YEAR TOTAL TO DATE: $689.00

16. ENDING CASH BALANCE
    - Add Lines 12 + 13 + 14, then subtract Line 15
    - Column A: TOTAL THIS PERIOD FROM ATTACHED SCHEDULES: $2187.00

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

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents
    - See instructions on reverse
    - Column A: TOTAL THIS PERIOD FROM ATTACHED SCHEDULES: $0

19. Outstanding Debts
    - Add Line 2 + Line 9 in Column B above
    - Column A: TOTAL THIS PERIOD FROM ATTACHED SCHEDULES: $0

---

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

- 20. Contributions Received: $0
- 21. Expenditures Made: $0

**Expenditure Limit Summary for State Candidates**

- 22. Cumulative Expenditures Made:
  - Date of Election (mm/ddyy): $0
  - Total to Date: $0

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

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www.fppc.ca.gov
### 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

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**Schedule D**

**Summary of Expenditures**

**Supporting/Opposing Other Candidates, Measures and Committees**

**Sylvester for DC Council 2016**

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION (IF REQUIRED)</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/27/2018</td>
<td>Ray Buenaventura for Daly City Council 2018&lt;br&gt;Daly City, CA 94015</td>
<td>☑ Monetary Contribution&lt;br&gt;☑ Support</td>
<td>FPPC# 1403724</td>
<td>500.00</td>
<td><strong>SUBTOTAL</strong> $ 600.00</td>
<td></td>
</tr>
<tr>
<td>05/20/2018</td>
<td>Mark Nagales for City Council 2018</td>
<td>☑ Monetary Contribution&lt;br&gt;☑ Support</td>
<td>FPPC# 1346338</td>
<td>100.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**I.D. NUMBER**

1387618

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**CALIFORNIA FORM 460**

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov
# Schedule E
## Payments Made

**NAME OF FILER**

Sylvester for DC Council 2016

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

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>campaign paraphernalia/misc.</td>
</tr>
<tr>
<td>CNS</td>
<td>campaign consultants</td>
</tr>
<tr>
<td>CTB</td>
<td>contribution (explain nonmonetary)*</td>
</tr>
<tr>
<td>CVC</td>
<td>civic donations</td>
</tr>
<tr>
<td>FIL</td>
<td>candidate filing/ballot fees</td>
</tr>
<tr>
<td>FND</td>
<td>fundraising events</td>
</tr>
<tr>
<td>IND</td>
<td>independent expenditure supporting/opposing others (explain)*</td>
</tr>
<tr>
<td>LEG</td>
<td>legal defense</td>
</tr>
<tr>
<td>LIT</td>
<td>campaign literature and mailings</td>
</tr>
<tr>
<td>MBR</td>
<td>member communications</td>
</tr>
<tr>
<td>MTG</td>
<td>meetings and appearances</td>
</tr>
<tr>
<td>OFC</td>
<td>office expenses</td>
</tr>
<tr>
<td>PET</td>
<td>petition circulating</td>
</tr>
<tr>
<td>PHO</td>
<td>phone banks</td>
</tr>
<tr>
<td>POL</td>
<td>polling and survey research</td>
</tr>
<tr>
<td>POS</td>
<td>postage, delivery and messenger services</td>
</tr>
<tr>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
</tr>
<tr>
<td>PRT</td>
<td>print ads</td>
</tr>
<tr>
<td>RAD</td>
<td>radio airtime and production costs</td>
</tr>
<tr>
<td>RFD</td>
<td>returned contributions</td>
</tr>
<tr>
<td>SAL</td>
<td>campaign workers’ salaries</td>
</tr>
<tr>
<td>TEL</td>
<td>l.v. or cable airtime and production costs</td>
</tr>
<tr>
<td>TRC</td>
<td>candidate travel, lodging, and meals</td>
</tr>
<tr>
<td>TRS</td>
<td>staff/spouse travel, lodging, and meals</td>
</tr>
<tr>
<td>TSF</td>
<td>transfer between committees of the same candidate/sponsor</td>
</tr>
<tr>
<td>VOT</td>
<td>voter registration</td>
</tr>
<tr>
<td>WEB</td>
<td>information technology costs (internet, e-mail)</td>
</tr>
</tbody>
</table>

## PAYEE

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Card Services</td>
<td>PRO</td>
<td>Credit Card Renewal Fee</td>
<td>89.00</td>
</tr>
<tr>
<td>Wilmington, DE 19899-8802</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ray Buenaventura for Daly City Council 2018</td>
<td>CTB</td>
<td>FPPC# 1403724</td>
<td>500.00</td>
</tr>
<tr>
<td>Daly City, CA 94015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mark Nagales for City Council 2018</td>
<td>CTB</td>
<td>FPPC# 1346338</td>
<td>100.00</td>
</tr>
</tbody>
</table>

* 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