

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

CALIFORNIA **460**  
FORM

Page 1 of 11

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 09/20/2020  
through 10/17/2020

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

2020 OCT 21 P 2:00

11/03/2020

RECEIVED

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

<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee	<input type="checkbox"/> Primarily Formed Ballot Measure Committee	
<input type="radio"/> State Candidate Election Committee	<input type="radio"/> Controlled	
<input type="radio"/> Recall	<input type="radio"/> Sponsored	
(Also Complete Part 5)		
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee	
<input type="radio"/> Sponsored	(Also Complete Part 6)	
<input type="radio"/> Small Contributor Committee	(Also Complete Part 7)	
<input type="radio"/> Political Party/Central Committee		

**2. Type of Statement:**

<input checked="" type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Termination Statement	
(Also file a Form 410 Termination)	
<input type="checkbox"/> Amendment (Explain below)	

**3. Committee Information**

I.D. NUMBER  
1428079

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

Sylvester for Daly City Council 2020

STREET ADDRESS (NO P.O. BOX)

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

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

CITY      STATE      ZIP CODE      AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

sylvesterfordccouncil2020@gmail.com

**Treasurer(s)**

NAME OF TREASURER

Glenn Sylvester

MAILING ADDRESS

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

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 is true and complete.

Executed on 10/21/20 Date     

Executed on 10/21/20 Date     

Executed on      Date     

Executed on      Date     

By     

By     

By     

By     

Information contained herein and in the attached schedules is true and complete. I

I, Glenn Sylvester, Assistant Treasurer

Proponent or Responsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

COVER PAGE - PART 2

**CALIFORNIA FORM 460**

Page 2 of 11

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Glenn Sylvester

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

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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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**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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sylvester for Daly City Council 2020

Statement covers period

from 09/20/2020

through 10/17/2020

CALIFORNIA  
FORM

**460**

Page 3 of 11

I.D. NUMBER  
1428079

**Contributions Received**

		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	<i>Schedule A, Line 3</i>	\$ 9729.00	\$ 38827.00
2. Loans Received.....	<i>Schedule B, Line 3</i>	\$ 750.00	\$ 4750.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$ 10479.00	\$ 43,577.00
4. Nonmonetary Contributions.....	<i>Schedule C, Line 3</i>	\$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	\$ 10479.00	\$ 43,577.00

**Expenditures Made**

6. Payments Made.....	<i>Schedule E, Line 4</i>	\$ 16005.01	\$ 22875.83
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$ 16005.01	\$ 22875.83
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$ 16005.01	\$ 22875.83

**Current Cash Statement**

12. Beginning Cash Balance .....	<i>Previous Summary Page, Line 16</i>	\$ 27089.01
13. Cash Receipts .....	<i>Column A, Line 3 above</i>	\$ 10479.00
14. Miscellaneous Increases to Cash .....	<i>Schedule I, Line 4</i>	\$ 0.00
15. Cash Payments .....	<i>Column A, Line 8 above</i>	\$ 16005.01
16. ENDING CASH BALANCE .....	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 21563.00

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

17. LOAN GUARANTEES RECEIVED .....	<i>Schedule B, Part 2</i>	\$ 0.00
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents .....	<i>See instructions on reverse</i>	\$ _____
19. Outstanding Debts .....	<i>Add Line 2 + Line 9 in Column B above</i>	\$ 4750.00

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).

**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 \$ \_\_\_\_\_ \$ \_\_\_\_\_

21. Expenditures Made \$ \_\_\_\_\_ \$ \_\_\_\_\_

**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

/ /	\$ _____
/ /	\$ _____

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

**Schedule A**  
**Monetary Contributions Received**

Amounts may be rounded  
 to whole dollars.

SCHEDULE A

Statement covers period  
 from 09/20/2020

through 10/17/2020

**CALIFORNIA 460**  
**FORM**

Page 4 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sylvester for Daly City Council 2020

I.D. NUMBER  
 1428079

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/22/2020	Guadalupe Campos e Millbrae, CA 94030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retiree	1000.00	1000.00	
09/22/2020	Andy Tan  Millbrae, CA 94030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professional Engineer Self-Employed	500.00	500.00	
09/23/2020	Ralph Kugler  Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retiree	150.00	150.00	
09/24/2020	Michael Pacelli  Pacifica CA 94044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Bay Relations, Inc.	250.00	250.00	
09/26/2020	Kevin Louie  Hillsborough, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Cube Realty Holdings	500.00	500.00	
<b>SUBTOTAL \$ 2400.00</b>						

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
 (Include all Schedule A subtotals.) ..... \$ 9200.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 529.00
- Total monetary contributions received this period.  
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 9729.00**

\*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

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
 from 09/19/2020

**CALIFORNIA FORM 460**

through 10/17/2020

Page 5 of 11

NAME OF FILER

Sylvester for Daly City Council 2020

I.D. NUMBER

1428079

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/01/2020	Art Belenson  San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retiree	200.00	200.00	
10/04/2020	Eric Quema  rt Pinole, CA 94564	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retiree	100.00	100.00	
10/20/2020	Awin Management  Phoenix, AZ 85054	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
10/20/2020	Charvet & Ku Properties, LLC P.O. Box 226 San Mateo, CA 94401	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
10/20/2020	Marshall Macknicki  Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retiree	250.00	250.00	
<b>SUBTOTAL \$ 2050.00</b>						

\*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

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
 from 09/19/2020  
 through 10/17/2020

**CALIFORNIA FORM 460**  
 Page 6 of 11

NAME OF FILER

Sylvester for Daly City Council 2020

I.D. NUMBER  
 1428079

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/14/2020	Dave Moeller <del>_____ Deed</del> Lafayette, CA 94549-3346	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Automotive Executive Pacific Auto Group	1000.00	1000.00	
10/14/2020	Geary Plaza Irrevocable Trust 100 The Embarcadero Penthouse San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
10/14/2020	W Bruce Bercovich <del>_____ Deed</del> San Francisco, CA 94105-1226	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Arunt Fox	1000.00	1000.00	
10/14/2020	Northern California Carpenters Regional Council 265 Hegenberger Road, Suite 200 Oakland, CA 94621	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID #972104	500.00	500.00	
10/14/2020	HKH Consulting, Inc. (Hala Hijazi) 101 Capra Way, #202 SF, CA 94123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant 07242020 PP	250.00	250.00	
				<b>SUBTOTAL \$ 3750.00</b>		

\*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

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
 from 09/19/2020

through 10/17/2020

**CALIFORNIA FORM** **460**

Page 7 of 11

NAME OF FILER

Sylvester for Daly City Council 2020

I.D. NUMBER

1428079

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2020	Drive Committee - Teamsters Joint Council No. 7 25 Louisiana Avenue NW Washington, DC 20001-2198	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FEC ID# C00032979	500.00	500.00	
10/17/2020	John Mambretti  Walnut Creek, CA 94598	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retiree	200.00	450.00	
10/18/2020	Ferdinand Dimapasoc  Daly City, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retiree	200.00	200.00	
09/24/2020	Pampangas Cuisine Corporation 40 San Pedro Road Daly City, CA 94014	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$ 1000.00</b>						

\*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

**Schedule B – Part 1**  
**Loans Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

**CALIFORNIA FORM 460**

Statement covers period  
from 09/21/2020

through 10/17/2020

Page 8 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sylvester for DC Council 2020

I.D. NUMBER

1428079

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Jonathan Sylvester 1100 1/2 11th Street, San Bruno CA 94066	Police Officer C&C of San Francisco	0.00 \$ _____	250.00 \$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	250.00 \$ _____ DATE DUE	0 % RATE	250.00 \$ _____ 09/23/2020 DATE INCURRED	250.00 \$ _____ PER ELECTION** \$ _____	
Kimberly Wong 1100 1/2 11th Street, Belmont CA 94002	DNA Criminalist San Mateo County	0.00 \$ _____	250.00 \$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	250.00 \$ _____ DATE DUE	0 % RATE	250 \$ _____ 09/23/2020 DATE INCURRED	250.00 \$ _____ PER ELECTION** \$ _____	
Jason Sylvester 1100 1/2 11th Street, San Francisco CA 94134	Dispatcher C&C of San Francisco	0.00 \$ _____	250.00 \$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	250.00 \$ _____ DATE DUE	0 % RATE	250.00 \$ _____ 09/23/2020 DATE INCURRED	250.00 \$ _____ PER ELECTION** \$ _____	
<sup>†</sup> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<sup>†</sup> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<sup>†</sup> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<sup>†</sup> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<sup>†</sup> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	
<b>SUBTOTALS</b>		\$ 750.00	\$ 0.00	\$ 750.00	\$ 0.00				

**Schedule B Summary**

1. Loans received this period ..... \$ 750.00  
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET** \$ 750.00  
Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on Schedule E, Line 3)

<sup>†</sup>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

(May be a negative number)

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

## Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

CALIFORNIA **460**  
FORM

Page 9 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sylvester for Daly City Council 2020

Statement covers period  
from 09/19/2020

through 10/17/2020

I.D. NUMBER

1428079

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	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
Imprint 14550 Beechnut St, Houston TX 77083	CMP		Lawn Signs	268.00
Spotlight Printing, 725 Bryant Street San Francisco, CA 94107	LIT		3 way Mailer, Check 1017	295.70
SpeakEasy Political, 160 Pine Street, Suite 700 San Francisco, CA 94111	LIT		Mailer (Spanish), CC Debit	4085.86

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

**SUBTOTAL \$ 5007.56**

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$ 15400.21
2. Unitemized payments made this period of under \$100.....	\$ 604.80
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	<b>TOTAL \$ 16005.01</b>

**Schedule E  
(Continuation Sheet)  
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sylvester for Daly City Council 20209

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 09/19/2020  
through 10/17/2020

SCHEDULE E (CONT.)

**CALIFORNIA FORM 460**

Page 17 of 11

I.D. NUMBER  
1428079

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	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
San Mateo County API Caucus 274 Redwood Shores Parkway, #521 Redwood City, CA 94065 CA 94065	LIT		Mailer Advertisement	150.00
Juslyn Manalo for Daly City Council 2020 FPPC # 1416478	LIT		1/2 Cost to Drop Lit	250.00
Print Place, 1130 Ave H East Arlington TX 76011	CMP		Door Hangers	371.47
Speakeasy Political, 160 Pine Street, Suite 700 San Francisco, CA	LIT		Political Mailer, 415.857.4067, CC	7,709.78
Next Day Display 2021 W. Commonwealth Ave, Ste B, Fullerton, CA 92833	CMP		Banners 09/28/2020, Check # 1014, via MarieV.	336.40

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

**SUBTOTAL \$ 8,817.65**

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

**Schedule E  
(Continuation Sheet)  
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sylvester for Daly City Council 20209

Amounts may be rounded  
to whole dollars.

Statement covers period  
09/19/2020  
from \_\_\_\_\_  
through 10/17/2020 \_\_\_\_\_

SCHEDULE E (CONT.)  
**CALIFORNIA FORM 460**  
Page 11 of 11

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	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
CJ Associates, Inc. 7909 Walgera Road, Suite 112-1121, Antelope, CA 95843	LIT	FPPC# 882509 Mailer Advertisement, Check # 1018	250.00
Wayne Lee Millbrae, CA 94030	LIT	Mailer , Check # 1019	950.00
Wayne Lee Millbrae, CA 94030	LIT	Mailer, Check #1020	375.00

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

**SUBTOTAL \$ 1575.00**