

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or	Date qualification threshold met	
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	
____/____/____	____/____/____	____/____/____

Date Stamp

**CALIFORNIA
FORM**

410

For Official Use Only

**CITY OF DALY CITY
CITY CLERK**

2021 AUG -2 AM 10: 03

RECEIVED

1. Committee Information		I.D. Number (if applicable)	2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE		NAME OF TREASURER					
Committee to Re-Elect Ray Buenaventura for Daly City Council		Glenn R. Sylvester					
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)					
[REDACTED]		[REDACTED]					
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Daly City	CA	94015	[REDACTED]	Daly City	CA	94014	[REDACTED]
NAME OF ASSISTANT TREASURER, IF ANY				NAME OF ASSISTANT TREASURER, IF ANY			
[REDACTED]				[REDACTED]			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
[REDACTED]				[REDACTED]			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				CITY	STATE	ZIP CODE	AREA CODE/PHONE
[REDACTED]				[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE			NAME OF PRINCIPAL OFFICER(S)			
San Mateo	Daly City			[REDACTED]			
STREET ADDRESS (NO P.O. BOX)				CITY	STATE	ZIP CODE	AREA CODE/PHONE
[REDACTED]				[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Attach additional information on appropriately labeled continuation sheets.							

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 California that the foregoing is true and correct.

Executed on _____ By _____ *[Signature]* RER OR ASSISTANT TREASURER

Executed on 7/30/2021 By _____ *[Signature]* SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

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INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

Page 2

I.D. NUMBER

COMMITTEE NAME Committee to Re-Elect Ray Buenaventura for Daly City Council			
<ul style="list-style-type: none"> All committees must list the financial institution where the campaign bank account is located. 			
NAME OF FINANCIAL INSTITUTION FB Norcal	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS [REDACTED]	CITY Daly City	STATE CA	ZIP CODE 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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
Ray Buenaventura	Daly City Council	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	(list political party below)

Primarily Formed Committee

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

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.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE