# Statement of Organization

**Recipient Committee**

**Statement Type**
- Initial
- Amendment
- Termination – See Part 5

**Date of termination**
07/30/2021

## 1. Committee Information

**I.D. Number**

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

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

**CITY**
Daly City

**STATE**
CA

**ZIP CODE**
94015

**EMAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)**

**COUNTY OF DOMICILE**
San Mateo

**JURISDICTION WHERE COMMITTEE IS ACTIVE**
Daly City

**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

**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**

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### 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** 7/30/2021
**By** [Signature]

**Executed on**
**By**

**Executed on**
**By**

**Executed on**
**By**

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FPPC Form 410 (August/2018)

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

www.fppc.ca.gov
**Committee Name**
Committee to Re-Elect Ray Buenaventura for Daly City Council

**All committees must list the financial institution where the campaign bank account is located.**

**NAME OF FINANCIAL INSTITUTION**
FB Norcal

**ADDRESS**

**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.

<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>PARTY</th>
</tr>
</thead>
</table>
| Ray Buenaventura                                      | Daly City Council                                                       | 2018             | Nonpartisan

**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 (INCLUDE 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 (INCLUDE 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>