# Statement of Organization

## Recipient Committee

**Statement Type**
- [ ] Initial
- [ ] Not yet qualified or Date qualification threshold met
- [ ] Amendment
- [ ] Termination – See Part 5

<table>
<thead>
<tr>
<th>Date qualification threshold met</th>
<th>Date of termination</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 1. Committee Information

- **NAME OF COMMITTEE**
  - RE-ELECT RAY BUENAVENTURA FOR DALY CITY COUNCIL 2022

- **STREET ADDRESS (NO P.O. BOX)**
  - [ ]

- **CITY**
  - DALY CITY

- **STATE**
  - CA

- **ZIP CODE**
  - 94015

- **E-MAIL 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**
  - PERLA IBARRIENTOS

- **STREET ADDRESS (NO P.O. BOX)**
  - [ ]

- **CITY**
  - DALY CITY

- **STATE**
  - CA

- **ZIP CODE**
  - 94015

### 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
  - Signed by [Signature of Treasurer or Assistant Treasurer]

- **EXECUTED ON**
  - JULY 30, 2022
  - Signed by [Signature of Controlling Officer/Holder, Candidate, or State Measure Proponent]
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
RE-ELECT RAY BUENAVENTURA FOR DALY CITY COUNCIL 2022

<table>
<thead>
<tr>
<th>Area Code/Phone</th>
<th>Bank Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>PENDING</td>
<td></td>
</tr>
</tbody>
</table>

NAME OF FINANCIAL INSTITUTION: PENDING

ADDRESS: CITY, STATE, ZIP CODE

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 Proponent</th>
<th>Elective Office Sought or Held (Include District Number If Applicable)</th>
<th>Year of Election</th>
<th>Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAY BUENAVENTURA</td>
<td>DALY CITY COUNCILMEMBER</td>
<td>2022</td>
<td></td>
</tr>
</tbody>
</table>

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>

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov