# Statement of Organization
# Recipient Committee

**CALIFORNIA FORM 410**

CITY OF DALY CITY
CITY CLERK
2022 JAN 26 PM 2: 17
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of the State of California

JAN 31 2022

| Statement Type | ☐ Initial | ☑ Amendment | ☐ Termination – See Part 5 |
|---|---|---|---|
| | ○ Not yet qualified<br>or<br>⊘ Date qualification threshold met | Date qualification threshold met | Date of termination |
| | 01 / 24 / 20 | 01 / 24 / 20 | 2022 FEB 28 AM 10: 4 |

CITY OF DALY CITY
CITY CLERK

## 1. Committee Information    I.D. Number 1428079
*(if applicable)*

NAME OF COMMITTEE

Sylvester for Daly City Council 2020

STREET ADDRESS (NO P.O. BOX)

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

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

| COUNTY OF DOMICILE | JURISDICTION WHERE COMMITTEE IS ACTIVE |
|---|---|
| San Mateo | San Mateo |

*Attach additional information on appropriately labeled continuation sheets.*

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

Glenn Sylvester

STREET ADDRESS (NO P.O. BOX)

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Daly City | CA | 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 |
|---|---|---|---|
| | | | |

## 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 | 01/26/2022 | By | |
|---|---|---|---|
| | DATE | | ~~ER~~ OR ASSISTANT TREASURER |
| Executed on | 01/26/2022 | By | |
| | DATE | | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |
| Executed on | | By | |
| | DATE | | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |
| Executed on | | By | |
| | DATE | | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |