

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Raymond Buenaventura Committee to Select Ray Buenaventura DC Council		Date of This Filing <u>10/16/2022</u>	Date Stamp CITY OF DALY CITY CLERK For Official Use Only 2022 OCT 17 PM 1:17
AREA CODE/PHONE NUMBER 1440503	I.D. NUMBER (if applicable) 1440503	Report No. _____	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Daly City	STATE CA	ZIP CODE 94017	No. of Pages <u>1</u>

1. Contribution(s) Received

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 OF BUSINESS)	AMOUNT RECEIVED
10/16/2022	California Apartments Association PAC Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PAC	1000.00 <input type="checkbox"/> Check if Loan <hr/> Provide interest rate
10/16/2022	Anthony Cruz San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	2400.00 <input type="checkbox"/> Check if Loan <hr/> Provide interest rate
10/16/2022	Que Chaun Johnson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	2500.00 <input type="checkbox"/> Check if Loan <hr/> Provide interest rate

Reason for Amendment:

**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