

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 1/1/2023  
through 6/30/2023

Date of election if applicable:  
(Month, Day, Year)  
11/8/2022

Date Stamp

**CITY OF D**  
**CITY CLERK**

**CALIFORNIA FORM 460**

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2023 JUL 31

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AM 8:39

**RECEIVED**

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee         |
| <input type="radio"/> State Candidate Election Committee                         | <input type="radio"/> Controlled Sponsored                                 |
| Recall   | (Also Complete Part 5)   |
| <br>   |  |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
| <input type="radio"/> Sponsored  | (Also Complete Part 7)   |
| Small Contributor Committee  |  |
| Political Party/Central Committee  |  |

**3. Committee Information**

I.D. NUMBER  
1440503

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Re-Elect Ray Buenaventura for Daly City Council 2022

STREET ADDRESS (NO P.O. BOX)

CITY Daly City STATE CA ZIP CODE 94015 AREA CODE/PHONE 8888887787

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY Daly City STATE CA ZIP CODE 94017 AREA CODE/PHONE 8888887787

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 \_\_\_\_\_ Date \_\_\_\_\_

Executed on 7-30-2023 Date \_\_\_\_\_

Executed on \_\_\_\_\_ Date \_\_\_\_\_

Executed on \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_ or Assistant Treasurer

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

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

[www.fppc.ca.gov](http://www.fppc.ca.gov)

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

COVER PAGE - PART 2

**CALIFORNIA 460  
FORM**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

RAYMOND BUENAVENTURA

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

COUNCILMEMBER, DALY CITY

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[REDACTED]

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

|                   |   |          |                 |
|-------------------|---|----------|-----------------|
| COMMITTEE NAME    | I.D. NUMBER   |          |                 |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |          |                 |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)  |          |                 |
| CITY              | STATE   | ZIP CODE | AREA CODE/PHONE |

|                   |   |          |                 |
|-------------------|---|----------|-----------------|
| COMMITTEE NAME    | I.D. NUMBER   |          |                 |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |          |                 |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)  |          |                 |
| CITY              | STATE   | ZIP CODE | AREA CODE/PHONE |

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

|                      |              |   |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

|                       |                     |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RAYMOND BUENAVENTURA FOR COMMITTEE TO RE-ELECT RAY BUENAVENTURA FOR DALY CITY COUNCIL 2022

Statement covers period  
from 1/1/2023

through 6/30/2023

**CALIFORNIA FORM 460**

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I.D. NUMBER

1440503

**Contributions Received**

|                                 |                           | <b>Column A</b><br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | <b>Column B</b><br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------|---------------------------|---|---|
| 1. Monetary Contributions       | <i>Schedule A, Line 3</i> | \$ 0  | \$ 46500.00                                       |
| 2. Loans Received               | <i>Schedule B, Line 3</i> | \$ 0  | \$ 3000.00  |
| 3. SUBTOTAL CASH CONTRIBUTIONS  | <i>Add Lines 1 + 2</i>    | \$ 0  | \$ 49500.00                                       |
| 4. Nonmonetary Contributions    | <i>Schedule C, Line 3</i> | \$ 0  | \$ 0  |
| 5. TOTAL CONTRIBUTIONS RECEIVED | <i>Add Lines 3 + 4</i>    | \$ 0  | \$ 49500.00                                       |

**Expenditures Made**

|                                    |                             |      |             |
|------------------------------------|-----------------------------|------|-------------|
| 6. Payments Made                   | <i>Schedule E, Line 4</i>   | \$ 0 | \$ 49968.83 |
| 7. Loans Made                      | <i>Schedule H, Line 3</i>   | \$ 0 | \$ 0        |
| 8. SUBTOTAL CASH PAYMENTS          | <i>Add Lines 6 + 7</i>      | \$ 0 | \$ 49968.83 |
| 9. Accrued Expenses (Unpaid Bills) | <i>Schedule F, Line 3</i>   | \$ 0 | \$ 0        |
| 10. Nonmonetary Adjustment         | <i>Schedule C, Line 3</i>   | \$ 0 | \$ 0        |
| 11. TOTAL EXPENDITURES MADE        | <i>Add Lines 8 + 9 + 10</i> | \$ 0 | \$ 49968.83 |

**Current Cash Statement**

|                                     |  |            |
|-------------------------------------|--|------------|
| 12. Beginning Cash Balance          | <i>Previous Summary Page, Line 16</i>                | \$ -894.89 |
| 13. Cash Receipts                   | <i>Column A, Line 3 above</i>                        | \$ 0       |
| 14. Miscellaneous Increases to Cash | <i>Schedule I, Line 4</i>                            | \$ 0       |
| 15. Cash Payments                   | <i>Column A, Line 8 above</i>                        | \$ 0       |
| 16. ENDING CASH BALANCE             | <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ -894.89 |

*If this is a termination statement, Line 16 must be zero.*

|                              |                           |          |
|------------------------------|---------------------------|----------|
| 17. LOAN GUARANTEES RECEIVED | <i>Schedule B, Part 2</i> | \$ _____ |
|------------------------------|---------------------------|----------|

**Cash Equivalents and Outstanding Debts**

|                       |  |          |
|-----------------------|--|----------|
| 18. Cash Equivalents  | <i>See instructions on reverse</i>           | \$ _____ |
| 19. Outstanding Debts | <i>Add Line 2 + Line 9 in Column B above</i> | \$ _____ |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

1/1 through 6/30      7/1 to Date

20. Contributions Received      \$ \_\_\_\_\_ \$ \_\_\_\_\_

21. Expenditures Made      \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election  
(mm/dd/yy)      Total to Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_

\*Amounts in this section may be different from amounts reported in Column B.