Statement of Organization
Recipient Committee

emailed 1/31/2024

Statement Type

☐ Initial
  ○ Not yet qualified
   or
  ○ Date qualification threshold met
  ___/___/___

☐ Amendment
  Date qualification threshold met
  ___/___/___

☑ Termination – See Part 5

Date of termination
  1 / 31/ 2024

Date Stamp

CITY OF DALY CITY
CITY CLERK

2024 FEB ~2 AM 10: 16

RECEIVED

For Official Use Only

1. Committee Information   I.D. Number *(if applicable)* 1440503

NAME OF COMMITTEE

Re-Elect Ray Buenaventura for Daly City Council 2022

STREET ADDRESS (NO P.O. BOX)

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

FULL MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
San Mateo	San Mateo County

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Perla Ibarrientos

STREET ADDRESS (NO P.O. BOX)

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

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 _____ By _____
              DATE

Executed on __1/31/2024____ 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