

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or Date qualified as committee _____/_____/_____
 _____/_____/_____ Date qualified as committee Date of termination

| | |
|---------------------------------|----------------------------|
| Date Stamp | CALIFORNIA FORM 410 |
| CITY OF DALY CITY CITY CLERK | For Official Use Only |
| 2018 FEB 12 P 1:14 | |

1. Committee Information I.D. Number (if applicable) **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Committee to Re-Elect Ray Buenaventura for Daly City Council

STREET ADDRESS (NO P.O. BOX)
1-
CITY STATE ZIP CODE AREA CODE/PHONE
Daly City CA 94015

MAILING ADDRESS (IF DIFFERENT)
Daly City, CA 94017

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
councilmemberbuenaventura@gmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
San Mateo Daly City

NAME OF TREASURER
Glenn R. Sylvester

STREET ADDRESS (NO P.O. BOX)
Daly City

CITY STATE ZIP CODE AREA CODE/PHONE
Daly City Ca 94014 4

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

Attach additional information on appropriately labeled continuation sheets.

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 2/8/18 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2/8/18 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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

COMMITTEE NAME

Committee to Re-Elect Ray Buenaventura for Daly City Council 2018

I.D. NUMBER

Pending

- All committees must list the financial institution where the campaign bank account is located.

| | | | | |
|---|---------------------------------|---------------------|-------------------|--|
| NAME OF FINANCIAL INSTITUTION FNB NORCAL | AREA CODE/PHONE 925 442 1111 | BANK ACCOUNT NUMBER | | |
| ADDRESS 6600 Mission Street | CITY Daly City | STATE CA | ZIP CODE 94014 | |

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.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | CHECK ONE | |
|--|---|------------------|-------------------------------------|---------------------------------------|
| | | | Nonpartisan | Partisan (list political party below) |
| Ray Buenaventura | Daly City Council | 2018 | <input checked="" type="checkbox"/> | Partisan (list political party below) |
| | | | <input type="checkbox"/> | Partisan (list political party below) |

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|--|--------------------------|--------------------------|
| | | SUPPORT | OPPOSE |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

Clear Page

Print