

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501 For Official Use Only
CITY OF DALY CITY CITY CLERK 2020 JUL 15 A 10:25	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) NIJMEH, MUSA ISSA		DAYTIME TELEPHONE NUMBER (650) _____	FAX NUMBER (optional) () _____	EMAIL (optional) HECH-MUSA_NIJMEH@YAHOO.COM
STREET ADDRESS _____		CITY DALY CITY	STATE CA	ZIP CODE 94014
OFFICE SOUGHT (POSITION TITLE) DALY CITY COUNCIL MEMBER	AGENCY NAME _____	DISTRICT NUMBER, if applicable. _____	<input type="checkbox"/> NON-PARTISAN OFFICE	
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.)		PARTY PREFERENCE: (Check one box, if applicable.)		
<input type="checkbox"/> City	<input type="checkbox"/> County	<input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)	<input type="checkbox"/> PRIMARY / GENERAL	
			<input type="checkbox"/> SPECIAL / RUNOFF	

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on ___/___/___ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On, ___/___/___ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07, 15, 2020
(month, day, year)

Signature _____
(Candidate)