

Candidate Intention Statement

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

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------|
| NAME OF CANDIDATE (Last, First Middle Initial) NIJMEH, MUSA ISSA | | DAYTIME TELEPHONE NUMBER | FAX NUMBER (optional) | EMAIL (optional) |
| 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 | | PARTY PREFERENCE: | | |
| <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ <small>(Name of Multi-County Jurisdiction)</small> | | <small>(Check one box, if applicable.)</small> <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)