

# Candidate Intention Statement

Check One:  Initial  Amendment (Explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Stamp	CALIFORNIA FORM 501
CITY OF DAILY CITY CITY CLERK	
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2021 AUG -2 AM 10: 03	

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

BUENAVENTURA, RAYMOND A.

STREET ADDRESS

\_\_\_\_\_

DAYTIME TELEPHONE NUMBER

\_\_\_\_\_

FAX NUMBER (optional)

\_\_\_\_\_

EMAIL (optional)

RECEIVED

\_\_\_\_\_

CITY

STATE

ZIP CODE

DAILY CITY

CA

94015

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

COUNCILMEMBER

PARTY PREFERENCE:  
(Check one box, if applicable.)

OFFICE JURISDICTION

State (Complete Part 2.)

2022

PRIMARY / GENERAL

City  County  Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

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 7 30 2021  
(month, day, year)

Signature

\_\_\_\_\_

(Candidate)