

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER RAYMOND A. BUENAVENTURA			Date of This Filing 9/26/2022	<p>CITY OF DALY CITY CITY CLERK 2022 SEP 27 PM 12:01 RECEIVED</p>	<p>CALIFORNIA FORM 497 For Official Use Only</p>
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable)		Report No. 1		
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 2		
CITY DALY CITY	STATE CA	ZIP CODE 94017			

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
9/25/022	LE03-AWIN MANAGEMENT INC [REDACTED] PHOENIX, AZ 85054	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WASTE SERVICES	1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
9/25/2022	ATLAS TOWING SERVICES [REDACTED] SAN FRANCISCO, CA 94188	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TOWING SERVICES	1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

****Contributor Codes**
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

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AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) [REDACTED]		Report No. <u>1</u>	
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
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1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
9/25/022	CHRISTINA LEE D.C. LEE MANAGEMENT [REDACTED] DALY CITY, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REALTOR	2000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
9/25/2022	MALCOLM P. LEE [REDACTED] DALY CITY, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REALTOR	1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
9/25/2022	DANIEL LEE [REDACTED] 345 GELLERT BLVD, SUITE D DALY CITY, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REALTOR	1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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OTH – Other (e.g., business entity)
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