

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	Date Stamp CITY OF DALY CITY CITY CLERK SEP 27 PM 12:01	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) [REDACTED]	Report No. 1 2022	RECEIVED	
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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CITY	STATE	ZIP CODE
DALY CITY	CA	94017

Date of This Filing 9/26/2022
 Report No. 1
 Amendment to Report No. _____
 (explain below)
 No. of Pages 2

CITY OF DALY CITY 497 CONTRIBUTION REPORT
 Date Stamp CITY CLERK CALIFORNIA FORM 497
 2022 SEP 27 PM 2:01 For Official Use Only
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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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