Candidate Intention Statement

Check One: ☒ Initial  □ Amendment (Explain) __________________________

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)  DAYTIME TELEPHONE NUMBER  FAX NUMBER (optional)
DiGiovanni, Pamela  (650) __________________________

STREET ADDRESS  CITY  STATE  ZIP CODE
______________________________  Daly City  CA  94015

OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME  DISTRICT NUMBER, if applicable.
Council Member  City of Daly City  ☒ NON-PARTISAN

OFFICE JURISDICTION
□ State (Complete Part 2.)  □ City  □ County  □ Multi-County: __________________________

(Name of Multi-County Jurisdiction)  2018 (Year of Election)

2. State Candidate Expenditure Limit Statement:
(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

□ 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.

□ 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 03/14/2018 (month, day, year)  Signature __________________________

FPPC Form 501 (Jan/2016)
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