

Candidate Intention Statement

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One:

Initial

Amendment (Explain) _____

CITY OF DALY CITY
CITY CLERK

2019 JAN 30 P 1:47

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

R. Annette Hypona

DAY

(6.

R

FAX NUMBER (optional)

E-MAIL (optional)

RECEIVED

STREET ADDRESS

CITY

Daly City

STATE

CA

ZIP CODE

94044

OFFICE SOUGHT (POSITION TITLE)

City Clerk

AGENCY NAME

Daly City

DISTRICT NUMBER, if applicable.

5th

NON-PARTISAN

PARTY:

OFFICE JURISDICTION

State (Complete Part 2.)

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

2020

(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.)

____ Primary/general election

(Year of Election)

____ Special/runoff election

(Year of Election)

(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

1/30/19

(month, day, year)

Signature

(Candidate)