

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
	For Official Use Only CITY OF DALY CITY CITY CLERK

Check One: Initial Amendment (Explain) _____

2018 AUG 10 P 5:09

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <u>Gabriella Makstman</u>	DAYTIME TELEPHONE <u>(415) 755-1111</u>	FAX NUMBER (optional) <u>() CA</u>	E-MAIL (optional)
STREET ADDRESS _____	CITY <u>Daly City</u>	STATE <u>CA</u>	ZIP CODE <u>94014</u>
OFFICE SOUGHT (POSITION TITLE) <u>Daly City Council</u>	AGENCY NAME <u>Daly City Council</u>	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		<u>2018</u> (Year of Election)	

RECEIVED

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

0 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 8/10/2018 (month, day, year) Signature _____ (Candidate)