

RECEIVED:  
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 CITY OF DALY CITY  
 CITY CLERK

**Candidate Intention Statement**

Check One:  Initial  Amendment  
(Explain)

Date Stamp	CALIFORNIA FORM	<b>501</b>
For Official Use Only		

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
SU, ASIA S	[REDACTED]	( )	[REDACTED] .com
STREET ADDRESS [REDACTED]	CITY	STATE	ZIP CODE
	DALY CITY	CA	94015
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	
CITY COUNCIL	CITY OF DALY CITY	✓ NON-PARTISAN OFFICE	
OFFICE JURISDICTION		PARTY PREFERENCE: DEMOCRAT	
<input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ <small>(Name of Multi-County Jurisdiction)</small>		<small>(Check one box, if applicable.)</small> 2026 <input type="checkbox"/> PRIMARY / GENERAL <small>(Year of Election)</small> <input type="checkbox"/> SPECIAL / RUNOFF	

**2. State Candidate Expenditure Limit Statement:**

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

(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

10/10/2025  
(month, day, year)

Signature

FPPC Form 501 (August/2023)  
 FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)