

RECEIVED:  
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CITY OF DALY CITY  
CITY CLERK

## Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment  
(Explain)

Date Stamp

CALIFORNIA  
FORM

501

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

CITY

STATE

ZIP CODE

STREET ADDRESS

DALY CITY

CA

94015

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN OFFICE

CITY COUNCIL

CITY OF DALY CITY

PARTY PREFERENCE: DEMOCRAT

OFFICE JURISDICTION

(Check one box, if applicable.)

☐ State (Complete Part 2.)

2026

☒ PRIMARY / GENERAL

☒ City

☐ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

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 (866/275-3772)  
www.fppc.ca.gov