

# Candidate Intention Statement

Date Stamp

CALIFORNIA  
FORM

501

For Official Use Only

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CITY OF DALY CITY

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Proano, Teresa

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

[REDACTED]

Burlingame

CA 94010

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable

 NON-PARTISAN OFFICE

City Council Member

Daly City

PARTY PREFERENCE:

OFFICE JURISDICTION

(Check one box, if applicable.)

 State (Complete Part 2.) PRIMARY / GENERAL City County Multi-County:

(Name of Multi-County Jurisdiction)

2026  
(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 1/23/26  
(month, day, year)Signature  
[REDACTED]