

# Candidate Intention Statement

Date Stamp

CALIFORNIA  
FORM

501

Check One:  Initial  Amendment  
(Explain) \_\_\_\_\_

For Official Use Only

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Pamela DiGiovanni

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

RECEIVED:  
JAN 30 2026 AM11:51

EMAIL (optional)

CITY OF DALY CITY

OFFICE JURISDICTION

CITY

STATE

ZIP CODE

CITY CLERK

94015

City Council member

Daly City

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

 State (Complete Part 2.)PARTY PREFERENCE:  
(Check one box, if applicable.) City  County  Multi-County:

(Name of Multi-County Jurisdiction)

 PRIMARY / GENERAL SPECIAL / RUNOFF

2026

(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.)

(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

01/29/2026  
(month, day, year)

Signature

[Redacted]

(Candidate)