Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____

_____

CITY OF DALY CITY
CITY CLERK
~~2019~~
~~2018~~ JAN ~~jul~~ 9

RECEIVED

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

MANALO, JUSLYN C.

DAYTIME TELEPHONE NUMBER

(650)

FAX NUMBER (optional)

( )

.com

STREET ADDRESS

CITY

Daly City

STATE

CA

ZIP CODE

94014

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	☒ NONPARTISAN OFFICE
City Councilmember	City of Daly City		PARTY PREFERENCE:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)

(Check one box, if applicable.)

2020
(Year of Election)

☒ PRIMARY / GENERAL

☐ 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 ___January 9, 2019___
            (month, day, year)

Signature _____
            (Candidate)

FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov