

Candidate Intention Statement

Date Stamp

CALIFORNIA
FORM

501

Check One: Initial Amendment (Explain) _____

For Official Use Only

CITY OF DALY CITY
CITY CLERK

2021 JAN 11 P 12:39

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

DiGiovanni Pamela

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

N/A

STATE

ZIP CODE

CA

94015

RECEIVED

SJR/BS

OFFICE SOUGHT (POSITION TITLE)

Council member

AGENCY NAME

Daly City

DISTRICT NUMBER, if applicable.

 NON-PARTISAN OFFICE

OFFICE JURISDICTION

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

(Name of Multi-County Jurisdiction)

(Check one box, if applicable.)

 PRIMARY / GENERAL SPECIAL / RUNOFF

2022

(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

01/11/2021

(month, day, year)

Signature

(Candidate)