

Candidate Intention Statement

Date Stamp CITY OF DALY CITY CLERK 7022 DEC 22 PM 5:02	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) **MANALO, JUSLYN C.** DAYTIME TELEPHONE NUMBER **(650) _____** FAX NUMBER (optional) **() _____** EMAIL (optional) _____

STREET ADDRESS _____ CITY **DALY CITY** STATE **CA** ZIP CODE **94014**

OFFICE SOUGHT (POSITION TITLE) **COUNCIL MEMBER** AGENCY NAME **CITY OF DALY CITY** DISTRICT NUMBER, if applicable _____ NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction)

PARTY PREFERENCE: (Check one box, if applicable.)

PRIMARY / GENERAL SPECIAL / RUNOFF

Year of Election: **2024**

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 December 27, 2022 (month, day, year) Signature [Signature] (Candidate)