

## Candidate Intention Statement

Date Stamp CITY OF DALY CITY CITY CLERK	CALIFORNIA FORM 501
For Official Use Only	
2024 APR -9 AM 11:41	

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

### 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Hipona, K. Annette

STREET ADDRESS

DAYTIME TELEPHONE NUMBER

650

FAX NUMBER (optional)

EMAIL (optional)

( )

STATE

ZIP CODE

CA 94014

OFFICE SOUGHT (POSITION TITLE)

City Clerk

AGENCY NAME

City of Daly City

DISTRICT NUMBER, if applicable

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NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2.)

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

PARTY PREFERENCE:

(Check one box, if applicable.)

PRIMARY / GENERAL

SPECIAL / RUNOFF

2024

(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

04-09-2024  
(month, day, year)

Signature

(Candidate)