

Candidate Intention Statement

Check One: ☒ Initial

☐ Amendment (Explain) _____

Date Stamp

CITY OF DALY CITY
CITY CLERK

2024 APR -9 AM 11:41

CALIFORNIA
FORM

501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Hipona, K. Annette

DAYTIME TELEPHONE NUMBER

650

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

CITY

Daly City

STATE

CA

ZIP CODE

94014

OFFICE SOUGHT (POSITION TITLE)

City Clerk

AGENCY NAME

City of Daly City

DISTRICT NUMBER, if applicable

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☒ NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City

☐ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

2024

(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

04-09-2024

(month, day, year)

Signature

(Candidate)