

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable: (Month, Day, Year)  <u>N/A</u>	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  _____	Date Stamp  <b>CITY OF DALY CITY CITY CLERK</b>  2024 APR 12 AM 9:39	CALIFORNIA FORM <b>470</b> For Official Use Only
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1. Statement Covers Calendar Year 20 21.

RECEIVED

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

K. Annette Slipona

STREET ADDRESS

CITY

Daly City

STATE

CA 94014

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

650

OPTIONAL: FAX / E-MAIL ADDRESS

 

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on April 11, 2024

DATE

By  

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date Stamp	CALIFORNIA FORM	470
CITY OF DALY CITY CITY CLERK		For Official Use Only
7/24 APR 12 AM 9:39		

Date of election if applicable:  
(Month, Day, Year)

N/A

**Amendment** (Explain Below)

\_\_\_\_\_

\_\_\_\_\_

1. Statement Covers Calendar Year 20 22.

RECEIVED

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

K. Annette Lipson

STREET ADDRESS

\_\_\_\_\_

CITY

Daly City

STATE

CA

ZIP CODE

94014

AREA CODE/DAYTIME PHONE NUMBER

650.

OPTIONAL - FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Clerk

JURISDICTION (LOCATION)

City of Daly City

DISTRICT NUMBER  
(IF APPLICABLE)

N/A

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COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

_____	_____	_____
_____	_____	_____

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Executed on 4-11-2024

DATE

By \_\_\_\_\_

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date Stamp

CALIFORNIA  
FORM

470

For Official Use Only

CITY OF DALY CITY  
CITY CLERK

2024 APR 12 AM 9:39

1. Statement Covers Calendar Year 20 23.

RECEIVED

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

K. Annette Alpona

STREET ADDRESS

CITY

Daly City

STATE

CA

ZIP CODE

94014

AREA CODE/DAYTIME PHONE NUMBER

650

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Clerk

JURISDICTION (LOCATION)

Daly City

DISTRICT NUMBER  
(IF APPLICABLE)

N/A

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N/A

COMMITTEE ADDRESS

NAME OF TREASURER

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4-11-2024

Executed on

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE