

Officeholder and Candidate
Campaign Statement –
Short Form

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

1. Statement Covers Calendar Year 20 21 .

RECEIVED

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

K. Annette Simpson

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

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 of election if applicable: (Month, Day, Year) <u>N/A</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp CITY OF DALY CITY CITY CLERK 7/24 APR 12 AM 9:39	CALIFORNIA FORM 470 For Official Use Only
---	--	--	--

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

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

4-11-2024

DATE

by

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Officeholder and Candidate
Campaign Statement –
Short Form

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

N/A

☐ Amendment (Explain Below)

Date Stamp

CITY OF DALY CITY
CITY CLERK

2024 APR 12 AM 9:39

CALIFORNIA
FORM

470

For Official Use Only

1. Statement Covers Calendar Year 20 23 .

RECEIVED

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

K. Annette Lipona

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

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

N/A

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

4-11-2024

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE