

Candidate Intention Statement

Date Stamp

CALIFORNIA
FORM

501

Check One: Initial Amendment (Explain) _____

CITY OF DALY CITY
CITY CLERK

For Official Use Only

2024 APR 22 AM 11:13

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

FA'APUAA THERESA

STREET ADDRESS

[REDACTED]

CITY

DALY CITY

FAX NUMBER (optional)

EMAIL (optional)

NA

STATE

CA

94015

AGENCY NAME

OFFICE JURISDICTION

 State (Complete Part 2.) City County Multi-County:

(Name of Multi-County Jurisdiction)

DISTRICT NUMBER, if applicable:

 NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

 PRIMARY / GENERAL SPECIAL / RUNOFF2024
(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 [REDACTED] is true and correct.

Executed on

04.21.2024

(month, day, year)

Signature

[REDACTED]