

# Candidate Intention Statement

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

Date Stamp	CALIFORNIA FORM 501
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)

FAAPUAA THERESA

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

CITY

STATE

[REDACTED]

DALY CITY

CA

94015

AGENCY NAME

DISTRICT NUMBER, if applicable.

☐ 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 [REDACTED] that this statement is true and correct.

Executed on

04.21.2024

(month, day, year)

Signature

[REDACTED]