Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)
Proano, Teresa

DAYTIME TELEPHONE NUMBER ███████

FAX NUMBER (optional) ( )

EMAIL (optional) ███████

STREET ADDRESS ███████

CITY Burlingame

STATE CA

ZIP CODE 94010

OFFICE SOUGHT (POSITION TITLE) City Council Member

AGENCY NAME Daly City

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 California that the foregoing is true and correct.

Executed on ___04/29/2024___
(month, day, year)

Signature _____
(Candidate)

Title	Need your e-signature, please - Proano 501 Initial...
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