

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp	CALIFORNIA FORM 501
CITY OF DALY CITY CITY CLERK	
For Official Use Only	
2024 MAY -6 PM 2 18	

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Proano, Teresa	DAYTIME TELEPHONE NUMBER (650) CITY Burlingame	FAX NUMBER (optional) () STATE CA	EMAIL (optional) RECEIVED 94010
STREET ADDRESS		ZIP CODE	
OFFICE SOUGHT (POSITION TITLE) City Council Member	AGENCY NAME Daly City	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.)
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: (Name of Multi-County Jurisdiction)	2024 (Year of Election)	<input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 5/6/2024
(month, day, year)

Signature

(Candidate)