

# Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
CITY OF DALY CITY CITY CLERK	For Official Use Only
2024 MAY 16 PM 1:39	

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

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) LIAIGA ANDAI, MANUFOU DAYTIME TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER (optional) \_\_\_\_\_ EMAIL (optional) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY DALY CITY, CA STATE CA ZIP CODE 94015

OFFICE SOUGHT (POSITION TITLE) COUNCIL MEMBER AGENCY NAME DALY CITY DISTRICT NUMBER, if applicable. \_\_\_\_\_ ☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

☐ State (Complete Part 2.) ☒ City ☐ County ☐ Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) \_\_\_\_\_

2024 ☒ 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 APRIL 1, 2024 Signature \_\_\_\_\_  
(month, day, year) (Candidate)