

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
CITY OF DALY CITY CITY CLERK	For Official Use Only
2024 MAY 30 AM 11:47	

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Vizcarra, Daniel E. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) [REDACTED] EMAIL (optional) [REDACTED]

STREET ADDRESS [REDACTED] CITY Daly City STATE CA ZIP CODE 94015

OFFICE SOUGHT (POSITION TITLE) City Council 2024 AGENCY NAME Daly City DISTRICT NUMBER, if applicable [REDACTED] ☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

☐ 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

5/30/2024
(month, day, year)

Signature

[REDACTED]
(Candidate)