

# Candidate Intention Statement

Date Stamp

CALIFORNIA  
FORM

501

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

CITY OF DALY CITY  
CITY CLERK

For Official Use Only

2024 MAY 30 AM 11:47

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Vizcarra, Daniel E.

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

STATE

ZIP CODE

RECEIVED

Daly City

CA

94015

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, If applicable

 NON-PARTISAN OFFICE

OFFICE JURISDICTION

 State (Complete Part 2.) City County Multi-County:

(Name of Multi-County Jurisdiction)

(Check one box, if applicable.)

 PRIMARY / GENERAL

2024

(Year of Election)

 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

(Candidate)