

Candidate Intention Statement

Check One: Initial Amendment
(Explain) _____

Date Stamp	CALIFORNIA FORM 501	
JULY 2024	Official Use Only	501
CITY OF DALY CITY		
CITY CLERK		

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

HALVORSEN, DANICA M.

DAYTIME TELEPHONE NUMBER

(415) _____

FAX NUMBER (optional)

() _____

MAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

CITY TREASURER

AGENCY NAME

DALY CITY

DISTRICT NUMBER, if applicable.

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NON-PARTISAN OFFICE

OFFICE JURISDICTION

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

(Name of Multi-County Jurisdiction) _____

2024

(Year of Election)

PARTY PREFERENCE:

(Check one box, if applicable.)

 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

7/17/2024

(month, day, year)

Signature

(Candidate)