

Candidate Intention Statement

CITY OF DALY CITY

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CALIFORNIA
FORM 501

Official Use Only

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Check One:

☒ Initial

☐ Amendment
(Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

HALVORSUN, DANECA M.

DAYTIME TELEPHONE NUMBER

(415)

FAX NUMBER (optional)

()

MAIL (optional)

STREET ADDRESS

CITY

DALY CITY

STATE

CA

ZIP CODE

94015

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)

(Check one box, if applicable.)

☒ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

2024

(Year of Election)

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)

FPPC Form 501 (August/2023)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov