

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)

11-5-2024

Amendment (Explain Below)

Date Stamp

CALIFORNIA
FORM

470

For Official Use Only

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CITY OF DALY CITY

CITY CLERK

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

K. Annette Filpona

STREET ADDRESS

CITY

Daly City

STATE

CA

ZIP CODE

94014

AREA CODE/DAYTIME PHONE NUMBER

650-

OPTIONAL: FAX / E-MAIL ADDRESS

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____
DATE

By _____

SIGNATURE OF OFFICEHOLDER OR CANDIDATE