

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year) 11/05/2024	<input type="checkbox"/> Amendment (Explain Below) _____ _____ _____	Date Stamp R AUG 07 CITY OF DALY CITY CITY CLERK For Official Use Only 470
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

DANECA HALVORSON

STREET ADDRESS

CITY STATE ZIP CODE

DALY CITY CA 94015

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

CITY TREASURER

JURISDICTION (LOCATION)

DALY CITY

DISTRICT NUMBER
(IF APPLICABLE)

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.

08/06/2024

Executed on _____

DATE

By >

SIGNATURE OF OFFICEHOLDER OR CANDIDATE