

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp
FILED
 JUL 17 2018
 ALBANY CITY CLERK

CALIFORNIA FORM 501
 For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Doss, Brian DAYTIME TELEPHONE NUMBER (925) 826-9741 FAX NUMBER (optional) () E-MAIL (optional) briandoss62@yahoo.com
 STREET ADDRESS 1070 Jackson St. #723 CITY Albany STATE CA ZIP CODE 94706
 OFFICE SOUGHT (POSITION TITLE) Board of Education AGENCY NAME Albany Unified School district DISTRICT NUMBER, if applicable. _____ NON-PARTISAN
 OFFICE JURISDICTION PARTY: Dem
 State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2018 (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.)

 Primary/general election **Special/runoff election**
 (Year of Election) (Year of Election)

(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 07/17/18
 (month, day, year)

Signature [Redacted]
 (Candidate)