

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp
FILED
AUG - 1 2022
ALBANY CITY CLERK

CALIFORNIA FORM 501
For Official Use Only

1. Candidate Information:

| | | | |
|--|---|--------------------------------|--|
| NAME OF CANDIDATE (Last, First Middle Initial) Beall, Brian D. | DAYTIME TELEPHONE NUMBER [REDACTED] | FAX NUMBER (optional) () | EMAIL (optional) [REDACTED] |
| STREET ADDRESS [REDACTED] | CITY Albany | STATE CA | ZIP CODE 94706 |
| OFFICE SOUGHT (POSITION TITLE) Trustee, Board of Education | AGENCY NAME Albany Unified School District | DISTRICT NUMBER, if applicable | <input checked="" type="checkbox"/> NON-PARTISAN OFFICE |
| OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction) | | 2022 (Year of Election) | PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 August 1 2022
(month, day, year)

Signature [REDACTED]
(Candidate)