

# Candidate Intention Statement

Date Stamp  
**FILED**  
**JUL 16 REC'D**  
**ALBANY CITY CLERK**

CALIFORNIA FORM **501**  
For Official Use Only

Check One:  Initial  Amendment (Explain)

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Brian Doss, Brian, L. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) ( ) EMAIL (optional) [REDACTED]

STREET ADDRESS [REDACTED] CITY Albany STATE CA. ZIP CODE 94706

OFFICE SOUGHT (POSITION TITLE) Board of Education AGENCY NAME Albany Unified School D DISTRICT NUMBER, if applicable. [REDACTED]  NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2.)  City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction)

PARTY PREFERENCE: [REDACTED] (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 \_\_\_\_\_ and correct.

Executed on

7/16/2024  
(month, day, year)

Signature

[REDACTED SIGNATURE]