Candidate Intention Statement

Check One: □ Initial  □ Amendment (Explain)  

1. Candidate Information:
NAME OF CANDIDATE (Last, First, Middle Initial)  
Doss, Brian

DAYTIME TELEPHONE NUMBER  FAX NUMBER (optional)  E-MAIL (optional)  
(925) 826-9741

STREET ADDRESS  CITY  STATE  ZIP CODE  
1070 Jackson St.  Albany  CA  94706

OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME  DISTRICT NUMBER, if applicable  PARTY: Dem  
Board of Education  Albany United School district

OFFICE JURISDICTION  
□ State (Complete Part 2.)  □ City □ County □ Multi-County:  
(Name of Multi-County Jurisdiction)  2018

2. State Candidate Expenditure Limit Statement:  
(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

☐ 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.

☐ 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  Signature  
(month, day, year) (Candidate)  

FPPC Form 501 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov