Candidate Intention Statement

Check One:  [X] Initial  [ ] Amendment  (Explain) ____________________________

1. Candidate Information:

NAME OF CANDIDATE  (Last, First Middle Initial)
Brian Beall

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

84706

OFFICE SOUGHT (POSITION TITLE)
Trustee, Board of Education

AGENCY NAME
Albany Unified School District

DISTRICT NUMBER, if applicable

[ ] NON-PARTISAN OFFICE

PARTY PREFERENCE:
(Please choose one box, if applicable.)

☐ State (Complete Part 2.)
[ ] City  [ ] County  [ ] Multi-County:_____________________________________

(Name of Multi-County Jurisdiction)

2020  [ ] PRIMARY / GENERAL

☐ 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.)

☐ 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 August 11, 2020

(Signature) [Blank]

(Candidate)