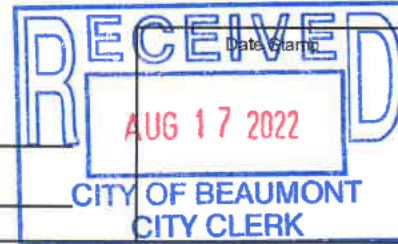


Candidate Intention Statement



CALIFORNIA FORM 501 For Official Use Only

Check One: Initial Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE: AS PATEL; DAYTIME TELEPHONE NUMBER: () ; FAX NUMBER (optional): () ; EMAIL (optional): ; STREET ADDRESS: TREASURER; CITY: CITY OF BEAUMONT; STATE: CA; ZIP CODE: 92223; OFFICE SOUGHT (POSITION TITLE): ; AGENCY NAME: CITY OF BEAUMONT; DISTRICT NUMBER, if applicable: ; NON-PARTISAN OFFICE: ; PARTY PREFERENCE: ; OFFICE JURISDICTION: City; County: ; Multi-County: ; CITY OF BEAUMONT (Name of Multi-County Jurisdiction); 2022 (Year of Election); 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.)

(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 8-17-2022 (month, day, year)

Signature [Handwritten Signature] (Candidate)