Candidate Intention Statement

RECEIVED
Date Stamp
AUG 0 8 2024
CITY OF BEAUMONT
CITY CLERK

For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain)

_____
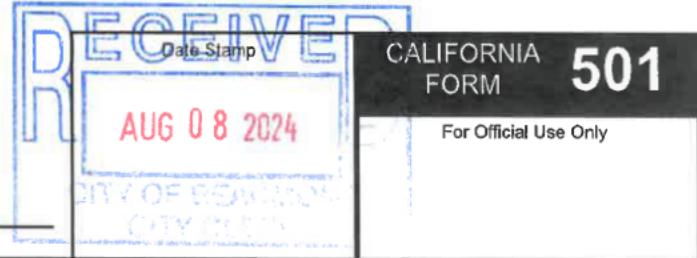
1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)
DOYLE JASON L.

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)
( )

EMAIL (optional)

STREET ADDRESS

CITY
BEAUMONT

STATE
CA

ZIP CODE
92223

OFFICE SOUGHT (POSITION TITLE)
CITY COUNCIL MEMBER

AGENCY NAME
CITY OF BEAUMONT

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN OFFICE

PARTY PREFERENCE:
(Check one box, if applicable.)

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)

2024 (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 **8/8/2024**
(month, day, year)

Signature _____
(Candidate)