

## Candidate Intention Statement

Date Stamp

CALIFORNIA  
FORM

501

For Official Use Only

CITYRSM 24AUG 8PM 4:44

Check One:  Initial  Amendment  
(Explain) \_\_\_\_\_

### 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

TONY BEALL

DAYTIME TELEPHONE NUMBER

(949) 433-5821

FAX NUMBER (optional)

( )

EMAIL (optional)

STREET ADDRESS

[REDACTED]

CITY

RANCHO SANTA MARGARITA

STATE

CA

ZIP CODE

92688

OFFICE SOUGHT (POSITION TITLE)

MAYOR

AGENCY NAME

CITY OF RANCHO SANTA MARGARITA

DISTRICT NUMBER, if applicable.

[REDACTED]

 NON-PARTISAN OFFICE

OFFICE JURISDICTION

PARTY PREFERENCE:

(Check one box, if applicable.)

 State (Complete Part 2.)

2024

 PRIMARY / GENERAL City County Multi-County:

(Name of Multi-County Jurisdiction)

 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

08/08/2024

(month, day, year)

Signature

Tony Beall  
(Candidate)

FPPC Form 501 (August/2023)

FPPC Advice: advice@fppc.ca.gov 1-877-275-3772

www.fppc.ca.gov