

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____

Date Stamp

CALIFORNIA
FORM 501

For Official Use Only

indexed 6/2/23

BEV HILLS CITY CLERK
2023 JUN 1 PM 3:06

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Demeter, Myra

DAYTIME TELEPHONE NUMBER

(562) 983-0815

FAX NUMBER (optional)

()

EMAIL (optional)

myra.demeter@gmail.com

STREET ADDRESS

304 E. Camino Dr.

CITY

Beverly Hills

STATE

CA

ZIP CODE

90212

OFFICE SOUGHT (POSITION TITLE)

City Council Member

AGENCY NAME

City of Beverly Hills

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County:

(Name of Multi-County Jurisdiction)

(Check one box, if applicable.)

☒ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

2024

(Year of Election)

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 06/01/2023
(month, day, year)

Signature _____
(Candidate)