Check One:   Initial   Amendment   (Explain)   For Official Use Only   For Off	Candidate Intention Statement			CALIFORNIA 501
1. Candidate Information:  NAME OF CANDIDATE (Last First Middle hotes)  Comman, Graja A.  COTY  STREET ADDRESS  COTY  STATE  JIP CODE  STATE			<u>\$0</u>	FORM 501
According to the principle   Company   Compa	Check One: Ministel Disa	- u dun - u t		For Official Use Only
1. Candidate Information:    MAME OF CANDIDATE (Last, First Middle british)   DAYTIME TELEPHONE NUMBER   FAX NUMBER (optional)	Check One. Minitial Man	endment (Explain)	—   Sž	
1. Candidate Information:  NAME OF CANDIDATE (Last, First Midde Indias)  COrman, Craig A.  (310 ) 871-1382  289 S. Beverly Drive, #696  Beverly Hills  CA 90212-3851  OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME  Council Member  City of Beverly Hills  OFFICE JURISDICTION  State (Compile Part 2)  Characteristic Councy Multi-County  Multi-County  Multi-County  Multi-County  Multi-County  Multi-County  Multi-County  (Name of Multi-County Jurisdiction)  (Check one box, if applicable)  (Check one box is applicable)  (Check on				2110/22 +4
NAME OF CANDIDATE (Last First Middle Initial) Corman, Craig A.  (310 ) 871-1382  (310 ) 971-1382  (310 ) 971				8/18/92
STREET ADDRESS  CITY STATE ZIP CODE 289 S. Beverly Drive, #696  Beverly Hills  CA 9012-3851  OFFICE SOUGHT (POSITION TITLE) AGENCY NAME COUncil Member City of Beverly Hills  OFFICE JURISDICTION State (Compete Part 2) City County Multi-County: (Name of Multi-County Jurisdiction)  (Check one box) I accept the voluntary expenditure ceiling for the election stated above.  Amendment:  O I did not exceed the expenditure ceiling in the primary or special election held on ceiling for the general or special run-off election.  (Mark if applicable) On,	1. Candidate Information:		martinal (Property of Contract)	
STREET ADDRESS  CITY STATE ZIP CODE 289 S. Beverly Drive, #696  Beverly Hills  CA 9012-3851  OFFICE SOUGHT (POSITION TITLE) AGENCY NAME COUncil Member City of Beverly Hills  OFFICE JURISDICTION State (Compete Part 2) City County Multi-County: (Name of Multi-County Jurisdiction)  (Check one box) I accept the voluntary expenditure ceiling for the election stated above.  Amendment:  O I did not exceed the expenditure ceiling in the primary or special election held on ceiling for the general or special run-off election.  (Mark if applicable) On,	NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
STREET ADDRESS  289 S. Beverly Drive, #696  Beverly Hills  CA  90212-3851  OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME  City of Beverly Hills  OFFICE JURISDICTION  Check one box, if applicable.  Caurily and I accept the voluntary expenditure ceiling for the election stated above.  Amendment:  I do not accept the voluntary expenditure ceiling in the primary or special election held on and I accept the voluntary expenditure ceiling for the election.  (Mark if applicable)  (Mark if applicable)  (Mark if applicable)  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  August 17, 2023  Executed on	Corman, Craig A.	(310 ) 871-1382	, 38	(-)
DISTRICT NUMBER. If applicable   NON-PARTISAN OFFICE   PARTY PREFERENCE:  OFFICE JURISDICTION   (Check one box, if applicable)   PARTY PREFERENCE:  OFFICE JURISDICTION   (Check one box, if applicable)   Office Juris   Office Juris	STREET ADDRESS			ZIP CODE
Council Member	269 S. Beverly Drive, #696	Beverly Hills	CA	90212-3851
City of Beverty Hills   PARTY PREFERENCE:   Check one box, if applicable)	OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicat	le. NON-PARTISAN OFFICE
OFFICE JURISDICTION  State (Complete Part 2.)  State (Complete Part 2.)  City County Multi-County: (Name of Multi-County Jurisdiction)  (Name of Multi-County Jurisdiction)  (Name of Multi-County Jurisdiction)  SPECIAL / RUNOFF  2024  PRIMARY / GENERAL  SPECIAL / RUNOFF  2024  Preserved Election  SPECIAL / RUNOFF  SPECIAL / RUNOFF  2024  Preserved Election  SPECIAL / RUNOFF	Council Member	City of Beverly Hills		
City   County   Multi-County: (Name of Multi-County Jurisdiction)   SPECIAL / RUNOFF	OFFICE JURISDICTION			
City   County   Multi-County:   (Name of Multi-County Jurisdiction)   CYear of Election)   SPECIAL / RUNOFF	State (Complete Part 2.)		2024	PRIMARY / GENERAL
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)	City County Multi-County:	(Name of Multi County Jurisdiction)		SPECIAL / RUNOFF
(Mark if applicable)  On,/I contributed personal funds in excess of the expenditure ceiling for the election stated above.  B. Verification:  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  August 17, 2023  Executed on	☐ I do not accept the voluntary expendent:	enditure ceiling for the election stated above.	on and	Laccont the valuntary expenditure
On,/I contributed personal funds in excess of the expenditure ceiling for the election stated above.  8. Verification:  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  August 17, 2023  Executed on	ceiling for the general or spe		, and	raccept the voluntary expenditure
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  August 17, 2023  Executed on Signature (Cardidate)	(імагк іт арріісаріе)			
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  August 17, 2023  Executed on Signature (Cardidate)	On,/I contributed	d personal funds in excess of the expenditure ceiling	ng for the election stated	above.
August 17, 2023  Executed on Signature (Cardidate)	3. Verification:			
August 17, 2023  Executed on Signature (Cardidate)				
Executed on Signature (Cardidate)		er the laws of the State of California that the forego	oing is true and correct.	
(month, day, year)	August 17, 2023	1. 1		

FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov