

Candidate Intention Statement

Date Stamp

CALIFORNIA
FORM

501

For Official Use Only

indexed
8/18/23 #1 ✓Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Corman, Craig A.

DAYTIME TELEPHONE NUMBER

(310) 871-1382

FAX NUMBER (optional)

()

EMAIL (optional)

STREET ADDRESS

269 S. Beverly Drive, #696

CITY

Beverly Hills

STATE

CA

ZIP CODE

90212-3851

OFFICE SOUGHT (POSITION TITLE)

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)

2024

(Year of Election)

(Check one box, if applicable.)

☒ 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.

August 17, 2023

Executed on

(month, day, year)

Signature

(Candidate)

FPPC Form 501 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov