

# Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment  
(Explain)

Date Stamp

CALIFORNIA  
FORM 501

For Official Use Only

indexed  
12/15/2023 #1 ✓

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

OMRANI, HAMID

DAYTIME TELEPHONE NUMBER

(310) 560-6161

FAX NUMBER (optional)

( ) - omranihamid@aol.com

EMAIL (optional)

STREET ADDRESS

9025 WILSHIRE BLVD. # 301 BEVERLY HILLS

CITY

STATE

CA

ZIP CODE

90211

OFFICE SOUGHT (POSITION TITLE)

CITY COUNCIL MEMBER

AGENCY NAME

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.

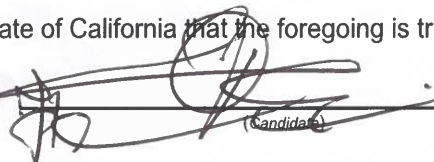
## 3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

12-7-23  
(month, day, year)

Signature



(Candidate)

FPPC Form 501 (August/2023)

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

www.fppc.ca.gov