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CITY OF BEVERLY HILLS
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Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
VERA MARKOWITZ	(310) 890-8403	(310) 277-0329	stevesueda@aol.com
STREET ADDRESS	CITY	STATE	ZIP CODE
369 SOUTH DOHENY DR., #303	BEVERLY HILLS	CA	90211
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN PARTY
BEVERLY HILLS CITY COUNCIL			
OFFICE JURISDICTION			
<input type="checkbox"/> State (Complete Part 2)			
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	(Name of Multi-County Jurisdiction)	(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.)

_____/_____/_____
(Year of Election) **Primary/general election** _____/_____/_____
(Year of Election) **Special/runoff election**

(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 10/6/16
(month, day, year)

Signature [Handwritten Signature]
(Candidate)