Candidate Intention Statement		Date Stamp	CALIFORNIA 501
Check One: ☑ Initial ☐ Amendment	(Explain)	indexed 12/15/2023	FORM For Official Use Only BEV HILLS CITY CLERK 2023 NOV 22 AM11 02
1. Candidate Information:			
NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) EMAIL (optional)	
Sharon Persovski	(310) 749-5566	(/	ovski@aol.com
STREET ADDRESS	CITY	STATE ZIP COL	DE THE THE THE THE THE THE THE THE THE TH
	Beverly Hills	CA 90210	
OFFICE SOUGHT (POSITION TITLE) AGE	NCY NAME	DISTRICT NUMBER, if applicable. NO	N-PARTISAN OFFICE
	of Beverly Hills	PARTY	PREFERENCE:
OFFICE JURISDICTION			(Check one box, if applicable.)
State (Complete Part 2.)		2024	PRIMARY / GENERAL
City County Multi-County:	(Name of Multi-County Jurisdiction)	(Year of Election)	SPECIAL / RUNOFF
 ✓ I accept the voluntary expenditure ceiling for the voluntary expenditure. ✓ I do not accept the voluntary expenditure. ✓ I did not exceed the expenditure ceiling for the general or special run. 	ceiling for the election stated above.	on/l and I accep	ot the voluntary expenditure
(Mark if applicable)	**************************************		
On,I contributed person	al funds in excess of the expenditure ceil	ling for the election stated above.	
3. Verification:			
I certify under penalty of perjury under the la	ws of the State of California that the foreg	going is true and correct.	
Executed on Nov. 21 2023 (month, day, year)	Signature (Candidate)	ki.	FPPC Form 501 (August/20