Candidate Intention Sta	tement	CALIFORNIA 501
Check One: [Initial	Amendment (Explain)	For Official Use Only Indexed 2/7/2000,
1. Candidate Information:		FAX NUMBER (optional) EMAIL (optional)
NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) EMAIL (optional)
Zeltzer, Aimee J	(👪)	() Zeltzerlaw@gmail.com
STREET ADDRESS	CITY	STATE ZIP CODE
OFFICE SOUGHT (POSITION TITLE)	Beverly Hills AGENCY NAME	CA 90211
Council Person	City of Beverly Hills	DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE
OFFICE JURISDICTION State (Complete Part 2.) City County Multi-		PARTY PREFERENCE: (Check one box, if applicable.) 2020 PRIMARY / GENERAL (Year of Election) SPECIAL / RUNOFF
☐ I do not accept the voluntary of Amendment: ☐ I did not exceed the expethe general or special ru	ture ceiling for the election stated above. expenditure ceiling for the election stated above. enditure ceiling In the primary or special election held on:	
3. Verification:	nbuted personal funds in excess of the expenditure ceiling for the	election stated apove.
certify under penalty of perju	ry under the laws of the State of California that the foregoin	ng is true and correct.
Executed on	Signature	FPPC Form 501 (August/20

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