

# Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) \_\_\_\_\_

Date Stamp

CALIFORNIA  
FORM

501

For Official Use Only

indexed 5/25/23  
HA ✓

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Roston, Alissa

DAYTIME TELEPHONE NUMBER

( 310 ) 553-7099

FAX NUMBER (optional)

( 213 ) 489-4388

EMAIL (optional)

roston2024@gmail.com

STREET ADDRESS

12501 Imperial Hwy. Ste. 200

CITY

Norwalk

STATE

CA

ZIP CODE

90650

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)

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.

Executed on

5/11/23

(month, day, year)

Signature

Alissa Roston

(Candidate)