

Candidate Intention Statement

Date Stamp <i>Received via email on 11/9/21 HA</i>	CALIFORNIA FORM 501
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) **Kugley, Kevin, B.** DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () EMAIL (optional) **Kevin@Kugley.com**

STREET ADDRESS **[REDACTED] Beverly Hills, CA 90212** CITY STATE ZIP CODE

OFFICE SOUGHT (POSITION TITLE) **Council Member Beverly Hills** AGENCY NAME **Beverly Hills** DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)
 State (Complete Part 2.)
 City County Multi-County: _____ (Name of Multi-County Jurisdiction)
 2022 (Year of Election) 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 11-9-21
(month, day, year)

Signature *Kevin B. Kugley*
(Candidate)