

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
BEVERLY HILLS CITY CLERK 2022 MAR 9 PM 5:11	For Official Use Only <i>indexed</i> <i>3/9/22 HKV</i>

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) AKSHAT BHATIA	DAYTIME TELEPHONE NUMBER (310) 2287528	FAX NUMBER (optional) ()	EMAIL (optional) AB@ABFORBH.COM
STREET ADDRESS [REDACTED]	CITY BEVERLY HILLS	STATE CA	ZIP CODE 90211
OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL	AGENCY NAME BEVERLY HILLS	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION	PARTY PREFERENCE:		
<input type="checkbox"/> State (Complete Part 2.)	(Check one box, if applicable.)		
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	<input checked="" type="checkbox"/> PRIMARY / GENERAL		
(Name of Multi-County Jurisdiction)	2022 <input type="checkbox"/> SPECIAL / RUNOFF		
	(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.)

(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.

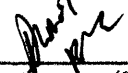
(Mark if applicable)

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 03 04 2022
(month, day, year)

Signature 
(Candidate)