Candidate Intention	MA		MISSPELL AGENC	7_	HILLS GUTY CRERK	FORM SO1
1. Candidate Information	:				25	
NAME OF CANDIDATE (Last, First Middle Initial)			DAYTIME TELEPHONE NUMBER	FAX NUMB	ER (optional)	EMAIL (optional)
Kugley, Kevin, B				()		Kevin@Kugley.com
STREET ADDRESS			СПУ		STATE	ZIP CODE
Beverly H	lills, CA 902	212				
OFFICE SOUGHT (POSITION TITLE)		AGENCY NAME		DISTRICT N	JMBER, if applical	IDH. MON-PARTISAN OFFICE
Council Member		Beverly Hills				PARTY PREFERENCE:
OFFICE JURISDICTION State (Complete Perl 2.) City County	Aulti-County:	Beverly Hills		_	2022	(Check one box, if applicable.)
	Main Obarry.		(Name of Multi-County Jurisdiction)		(Year of El	
2. State Candidate Exper (CalPERS and CalSTRS candidates, judg (Check one box)	ges, judicial can	didates, and candidates fo	can be needed at a see an			

Amendment:

O 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, _____ 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 Signature (month, day, year,

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