Candidate Intention Statement			Date Stamp	california 501
Check One:		FAX NUMBER (MOUBFH2	For Official Use Only HH 1/6/2020 endered
1. Candidate Information:			Sim .	
NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER ((optional) ス	EMAIL (optional)
Gold, Julian A.	(310 ₎ 288 -1 755	(310)288	-0517	
STREET ADDRESS	CITY		STATE	ZIP CODE
526 N. Palm Dr.	Beverly Hills			90210
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME		DISTRICT NUMB	ER, if applicable.	☑ NON-PARTISAN OFFICE
City Council City of Bevrely	Hills			PARTY PREFERENCE:
OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County:	(Name of Multi-County Jurisdiction)		2020 (Year of Election	(Check one box, if applicable.) PRIMARY / GENERAL SPECIAL / RUNOFF
(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 exce	ess of the expenditure ceiling for the	ne election state	d above.	
3. Verification: I certify under penalty of perjury under the laws of the St	rate of California that the forego	sing is true and	1 correct	
Executed on	L Candidate)	mig is true and	——	FPPC Form 501 (August/2018

www.fppc.ca.gov