

Candidate Intention Statement

Date Stamp
CALIFORNIA FORM 501
For Official Use Only
Indexed HA 10/14/19
2019 OCT 14 PM 5:07
BEVERLY HILLS CITY CLERK

Check One: [X] Initial [] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) BOSSE, LILI
DAYTIME TELEPHONE NUMBER (310) 963-6900
FAX NUMBER (optional) ()
EMAIL (optional)
STREET ADDRESS 269 S BEVERLY DRIVE #220
CITY BEVERLY HILLS
STATE CA
ZIP CODE 90212
OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL MEMBER
AGENCY NAME CITY OF BEVERLY HILLS
DISTRICT NUMBER, if applicable.
[X] NON-PARTISAN OFFICE
PARTY PREFERENCE:
OFFICE JURISDICTION (Check one box, if applicable.)
[] State (Complete Part 2.)
[X] City [] County [] Multi-County:
(Name of Multi-County Jurisdiction)
2020 (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)

- [X] 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 10/14/19 (month, day, year) Signature Lili Bosse (Candidate)