Candidate Intention Sta	Date Line Colored	Stamp	FORM 501		
Check One: 🛛 Initial	Amendment (Exptain)			- JEL 20	For Official Use Only indexed - ## 9/21/2021
1. Candidate Information:			FAX NUMBER (optige)	4	
NAME OF CANDIDATE (Last First Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optige)	EMAIL	(optional)
Nazarian, Sharona			()		y@crummittandassociates.com
STREET ADDRESS		CITY	STATE	ZIP CC	DDE
		Long Beach	CA	908	02
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME		DISTRICT NUMBER, if app	olicable. X NC	N-PARTISAN OFFICE
City Council Member	City of Beverly	Hills		PART	Y PREFERENCE:
OFFICE JURISDICTION					(Check one box, if applicable.)
State (Complete Part 2)				2022	X PRIMARY / GENERAL
🔀 City 🔲 County 🔲 Multi	-County:	(Name of Multi-County Jurisdiction)	(Year	2022 of Election)	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:

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 _____, 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	09/15/2021	Signature	In	
	(month, day, year)	(Cangedate)	en neder for der i de fellen die het en de leider die	

FPPC Form 501 (August/2018) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov