Candidate Intention Statem	ient	Date Stamp CALIFORNIA 501	
Check One: ⊠Initial □	Amendment (Explain)	RECEIVED FORM CITY OF BEVERLY HILLS FOR Official Use Only 1 1/16 60 2016 SEP - 1 P 3: 00 9/1/16 60	
1. Candidate Information:		CITY CLERK'S OFFICE	
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) E-MAIL (optional)	
Eliot Finkel	(310) 653-2070	() efinkel@efinvest.com	
STREET ADDRESS	CITY	STATE ZIP CODE	
9100 Wilshire Boulevard, Suite 530- OFFICE SOUGHT (POSITION TITLE)	E Beverly Hills AGENCY NAME	CA 90212 DISTRICT NUMBER, if applicable 🔀 NON-PARTISAN	
City Council	City of Beverly Hills	(310)285-1000 PARTY:	
OFFICE JURISDICTION State (Complete Part 2) City County Multi-Cor		2017 (Year of Election)	
(Check one box) I accept the voluntary expenditure	Special/runoff election (Year of Election) Election Election stated above.		
Amendment:		and I accept the voluntary expenditure ceiling for	
(Mark if applicable) On/, contribut	ed personal funds in excess of the expenditure ceiling for	or the election stated above.	
3. Verification: I certify under penalty of perjury of	under the laws of the State of California that the fore	FPPC Form 501 (Jan/201) FPPC Form 501 (Jan/201)	

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