Candidate Intention Statement

Check One: □ Initial    ☑ Amendment (Explain) Re-election

1. Candidate Information:

NAME OF CANDIDATE: MIRISCH JOHN A.
DAYTIME TELEPHONE NUMBER: ( )
FAX NUMBER (optional): ( )
EMAIL (optional): john@reelectmirisch.com

STREET ADDRESS: BEVERLY HILLS
CITY: BEVERLY HILLS
STATE: CA
ZIP CODE: 90211

OFFICE SOUGHT (POSITION TITLE): CITY COUNCILMEMBER
AGENCY NAME: CITY OF BEVERLY HILLS
DISTRICT NUMBER, if applicable:

PARTY PREFERENCE: ☑ NON-PARTISAN OFFICE

OFFICE JURISDICTION: ☑ City    □ County    □ Multi-County:
(Name of Multi-County Jurisdiction)

2. State Candidate Expenditure Limit Statement:

(CallPERS 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:

□ 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 3-8-2022

Signature (Candidate)

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