	M. co.
Candidate Intention Statement	Date Stamp CALIFORNIA 501
Check One: ☐ Initial ☑ Amendment (Explain) Re-election	For Official Use Only Market 3/8/22 HAV
1. Candidate Information:	
NAME OF CANDIDATE (Last, First Middle Initial) MIRIS CH TO HN A. DAYTIME TELEPHONE NUMBER FAX NO	UMBER (optional) john @ reelectmirisc 4. com
BEVERLY HILLS	CA 90211
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME CITY OF BEVERLY HILLS	T NUMBER, if applicable. NON-PARTISAN OFFICE PARTY PREFERENCE:
OFFICE JURISDICTION State (Complete Part 2.)	(Check one box, if applicable.) 2022 PRIMARY / GENERAL
City County Multi-County: (Name of Multi-County Jurisdiction)	(Year of Election) SPECIAL / RUNOFF
(Check one box) ☑1 accept the voluntary expenditure ceiling for the election stated above. ☐1 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 ceiling for the general or special run-off election.	_/ and I accept the voluntary expenditure
(Mark if applicable)	
On,I contributed personal funds in excess of the expenditure ceiling for the	e election stated above.
3. Verification:	
I certify under penalty of perjury under the laws of the State of California that the foregoing is tr	ue 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