Candidate Intention Statement

Check One: ☒ Initial ☒ Amendment (Explain) corrected phone number

Date Stamp: TORRANCE 2018 MAR -1 PM 3:36 CITY CLERK'S OFFICE

CALIFORNIA FORM 501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial): Cortez, Dana

DAYTIME TELEPHONE NUMBER: [redacted]

FAX NUMBER (optional): ( )

E-MAIL (optional): [redacted]

STREET ADDRESS: [redacted]

CITY: Torrance

STATE: CA

ZIP CODE: 90503

OFFICE SOUGHT (POSITION TITLE): City Treasurer

AGENCY NAME: City of Torrance

DISTRICT NUMBER, if applicable:

☒ NON-PARTISAN

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)

2018 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

2018 (Year of Election) *Primary/general election* _____ (Year of Election) *Special/runoff election*

(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 February 13, 2018 *(month, day, year)*, Signature: [redacted]