

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable: (Month, Day, Year) <u>6/5/18</u>	<input type="checkbox"/> Amendment (Explain Below) _____	Date Stamp TORRANCE 2018 MAY -1 PM 3:35	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 18

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Dana Cortez

STREET ADDRESS
[REDACTED]

CITY Torrance STATE CA ZIP CODE 90503

AREA CODE/DAYTIME PHONE NUMBER _____ OPTIONAL: FAX / E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Treasurer

JURISDICTION (LOCATION)
City of Torrance

DISTRICT NUMBER (IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>None</u>		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 4/30/18 DATE

[REDACTED SIGNATURE]

Clear Form Print Form

**Officeholder and Candidate
Campaign Statement -
Form 470 Supplement**

SEE INSTRUCTIONS ON REVERSE

Amendment (Explain Below)

Date Stamp

**CALIFORNIA
FORM 470**

For Official Use Only

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Dana Cortez

STREET ADDRESS

[REDACTED]

CITY

Torrance

STATE

CA

ZIP CODE

90503

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

2. Office Sought

OFFICE SOUGHT

City Treasurer

DISTRICT NUMBER
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

June 5, 2018

3. Date Contributions Totalling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

N/A

(MONTH, DAY, YEAR)

Clear Form

Print Form