

Candidate Intention Statement

Date Stamp
TORRANCE
 2018 FEB 13 PM 12:07
CITY CLERK'S OFFICE

CALIFORNIA FORM 501
 For Official Use Only

Check One: Initial Amendment (Explain) _____

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: PARTY: NON-PARTISAN

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 Primary/general election Special/runoff election
(Year of Election) (Year of 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]