

BALLOT DESIGNATION WORKSHEET

RECEIVED

This worksheet is intended to assist in the prompt evaluation of requested ballot designations.

Name of Candidate: Tom Brewer 2014 MAR -6 PM 5: 26

Candidate for the Office of: Mayor of the city of TORRANCE
(Including district or division number, if applicable) CITY CLERK'S OFFICE

Home Address: 23426 Evelyn Ave
(Number and street address)
Torrance, CA 90505
(City, State and Zip Code)

Daytime Telephone Number: 310-710-8557
(area code)

Evening Telephone Number: 310-378-7077
(area code)

Business Address: 11633 San Vicente bl.
(Number and street address)
Los Angeles, CA 90095
(City, State and Zip Code)

Fax Telephone Number: _____
(area code)

E-mail: Tecbre@ucla.edu

Mailing Address: _____
(If different from above)

(City, State and Zip Code)

Name of Attorney or Other Person Authorized to Act in Your Behalf: Steve Sammarco

His/Her Fax Number: _____
(area code)

Telephone Number: 310-292-1882
(area code)

E-mail Address: Stephensammarco@yahoo.com

PROPOSED BALLOT DESIGNATION: Laboratory scientist/Council member

(Note: Designation must be your principal profession, vocation or occupation and may be no more than three words; however, you may use the full title of the elective office you currently hold.)

(optional)
If above not accepted, 1st alternative: Laboratory Scientist/Councilman
2nd alternative: _____

Describe what you do and why you believe you are entitled to use the requested ballot designation. If using the title of an elective office, you may submit a copy of your certificate of election or appointment.

The term "incumbent" must be used as a noun. It shall not be used in conjunction with any other words, including any accompanying adjectives or modifiers, and must stand alone.

My job title at UCLA Medical Center is Laboratory Scientist. I was elected to the city council in 2006.

Your Job Title: Laboratory Scientist
Dates You Held the Position: 2011 to current date
Name of Your Employer or Business: UCLA Medical Center

Contact Person(s) Who Can Verify this Information:
Name(s): Cindy Toy
Telephone Number(s): 310-794-3551
(area code)

To the best of my knowledge and belief, the above-requested ballot designation(s) represent my true principal profession(s), vocation(s) and/or occupation(s) which I am entitled to use as my ballot designations pursuant to §13107 and 13107.5 of the Elections Code.

Signed and dated this ~~3rd~~ 5th day of March, in Torrance, CA


Signature

You may attach whatever supporting documentation or exhibits you wish that you believe support your proposed ballot designation. These documents will not be returned to you, so do not submit original versions.