Officeholder and Candidate Campaign Statement – Short Form

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

CALIFORNIA FORM **470**

For Official Use Only

Date Stamp RECEIVED 2010 FEB -5 PM 12:50

COPY

Date of election if applicable: (Month, Day, Year) 06/08/2010

☐ **Amendment** (Explain Below)

1. Statement Covers Calendar Year 20 09 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: Dana Cortez

STREET ADDRESS: 23020 Crenshaw Blvd

CITY: Torrance | STATE: CA | ZIP CODE: 90505

AREA CODE/DAYTIME PHONE NUMBER: 310 530-1365

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD: City of Torrance 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

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than $1,000 and that I will spend less than $1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I ce[redacted] State of California that the foregoing is true and correct.

Executed on December 31, 2009
DATE

By [redacted]