Cortez (Treasurer 2010)
Form 460 Campaign Statement
July 1, 2009 – December 31, 2009
Letter
January 31, 2010
Form 470 – Campaign Statement
Short Form
Calendar Year 2009
January 31, 2010

Nowatka & Associates
Public Relations & Consulting

COPY

February 9, 2010

Sue Herbers
City Clerk
City of Torrance
3031 Torrance Blvd.
Torrtance, CA 90503

RECEIVED
2010 FEB -9 PM 3:42

RE: Dana Cortez for City Treasurer

Dear Ms. Herbers,

We are enclosing a 460 form for the period 7/1/09 to 12/31/09. We were under the impression that it was not needed because her campaign was not Qualified as of 12/31/09.

Thank you for your understanding.

[redacted]

Helen A. Nowatka
President
Nowatka & Associates

23020 Crenshaw Boulevard
Torrance, CA 90505
T. 310.530.1365
F. 310.530.1413

COPY

City of Torrance

FPPC CAMPAIGN DISCLOSURE STATEMENT

Dana Cortez
[redacted]
Dcortez2010@gmail.com

Office Sought: **Treasurer**, Torrance **2010**
Committee ID #: 1322230
Name of Committee:
Dana Cortez for Treasurer 2010
Treasurer: Helen A. Nowatka 310-530-1365

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FORM	PERIOD COVERED	DATE DUE	DATE FILED
Form 501 Candidate Intention Statement Councilmember 2010	2010 General Municipal Election	N/A	10/13/2009
Form 410 (Copy) Statement of Organization	2010 General Municipal Election	N/A	10/13/2009
Form 410 (Copy) Statement of Organization Amendment – Added "Not Qualified"	2010 General Municipal Election	N/A	10/13/2009
Form 410 (Copy) Statement of Organization From Secretary of State "Not Qualified"	2010 General Municipal Election	N/A	11/23/2009
Form 410 (Copy) Statement of Organization Amendment Added Bank Account	2010 General Municipal Election	N/A	1/19/2010
Form 470 Campaign Statement Short Form	Calendar Year 2009	1/31/2010	2/5/2010
Form 460 Semi Annual Campaign Statement	7/1/2010 – 12/31/2010	1/31/2010	2/10/2010

Form(s) posted in BOLD posted on torranceca.gov **DATE**

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 8

For Official Use Only

COPY

Date Stamp

RECEIVED

2010 FEB -9 PM 3:42

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from 07/01/2009

through 12/31/2009

Date of election if applicable: (Month, Day, Year)

06/08/2010

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ◯ State Candidate Election Committee
  - ◯ Recall *(Also Complete Part 5)*
- [ ] General Purpose Committee
  - ◯ Sponsored
  - ◯ Small Contributor Committee
  - ◯ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ◯ Controlled
  - ◯ Sponsored *(Also Complete Part 6)*
- [ ] Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

2. Type of Statement:

- [ ] Preelection Statement
- [x] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1322230

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Dana Cortez for Treasurer 2010

STREET ADDRESS (NO P.O. BOX): 23020 Crenshaw Blvd

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90505	310 530-1365

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS: Dcortez2010@gmail.com

Treasurer(s)

NAME OF TREASURER: Helen A. Nowatka

MAILING ADDRESS: 23020 Crenshaw Blvd

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90505	310 530-1365

NAME OF ASSISTANT TREASURER, IF ANY: Dana Cortez

MAILING ADDRESS: 20530 Anza Ave #181

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90503	562 777-6265

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2/9/10 (Date)

Executed on 2/9/10 (Date)

Executed on _____ (Date)

Executed on _____ (Date)

[redacted]

Officer of Sponsor

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Dana Cortez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City of Torrance Treasurer

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
23020 Crenshaw Blvd	Torrance	CA	90505

Related Committees Not Included in this Statement: ***List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.***

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Bailot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink. Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM **460**

Statement covers period from 07/01/2009 through 12/31/2009

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Dana Cortez for Treasurer 2010

I.D. NUMBER: 1322230

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 0.00	$ 0.00
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 0.00	$ 0.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 0.00	$ 0.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 0.00	$ 0.00
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 0.00	$ 0.00
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	0.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 0.00	$ 0.00

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 0.00
13. Cash Receipts	*Column A, Line 3 above*	0.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	0.00
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 0.00

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0.00
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$ 0.00	$ 0.00
21. Expenditures Made	$ 0.00	$ 0.00

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
__/__/__	$
__/__/__	$

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 07/01/2009
through 12/31/2009

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Dana Cortez for Treasurer 2010

I.D. NUMBER
1322230

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
				SUBTOTAL $ 0.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 0.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 0.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule B – Part 1
Loans Received

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2009 through 12/31/2009

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Dana Cortez for Treasurer 2010

I.D. NUMBER: 1322230

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $	$	$	$			

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

1. Loans received this period ..... $ 0.00
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET** $ 0.00
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

†Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule C
Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE C
CALIFORNIA FORM 460

Statement covers period
from 07/01/2009
through 12/31/2009

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Dana Cortez for Treasurer 2010

I.D. NUMBER
1322230

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $**

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 0.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL $** 0.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule E
Payments Made

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE E
CALIFORNIA FORM **460**

Statement covers period
from 07/01/2009
through 12/31/2009

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Dana Cortez for Treasurer 2010

I.D. NUMBER
1322230

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

*** Payments that are contributions or independent expenditures must also be summarized on Schedule D.**

SUBTOTAL $

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 0.00
2. Unitemized payments made this period of under $100 ..... $ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 0.00

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2009
through 12/31/2009

SCHEDULE I
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Dana Cortez for Treasurer 2010

I.D. NUMBER
1322230

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $

Schedule I Summary

1. Itemized increases to cash this period. ..... $ 0.00
2. Unitemized increases to cash of under $100 this period. ..... $ 0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL** $ 0.00

City of Torrance

FPPC CAMPAIGN DISCLOSURE STATEMENT

Dana Cortez

[redacted]

Dcortez2010@gmail.com

Office Sought: **Treasurer**, Torrance **2010**
Committee ID #: 1322230
Name of Committee:
Dana Cortez for Treasurer 2010
Treasurer: Helen A. Nowatka 310-530-1365

==========

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Form 470 Campaign Statement Short Form	Calendar Year 2009	1/31/2010	2/5/2010

Form(s) posted in BOLD posted on torranceca.gov **DATE**

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 | STATE | ZIP CODE

Torrance | CA | 90505

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

310 530-1365

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 rece[redacted] $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]