

**Officeholder and Candidate
Campaign Statement -
Short Form**

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

June 3, 2014

Amendment (Explain Below)

Date Stamp
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CITY OF TORRANCE
CITY CLERK'S OFFICE

1. Statement Covers Calendar Year 20 13 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Dana Cortez

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Torrance CA 90503

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Treasurer

JURISDICTION (LOCATION) 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
None		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1, [REDACTED] per year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of [REDACTED]

Executed on 1/31/14 DATE

By [REDACTED]

