

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp

CALIFORNIA FORM

501

For Official Use Only

Check One: [X] Initial [] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Cortez, Dana

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

E-MAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

Torrance

CA

90503

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER if applicable.

[X] NON-PARTISAN

City Treasurer

City of Torrance

PARTY:

OFFICE JURISDICTION

[] State (Complete Part 2.)

[X] City

[] County

[] Multi-County:

City of Torrance

(Name of Multi-County Jurisdiction)

2014

(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.)

[] Primary/general election (Year of Election)

[] Special/runoff 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 June 28, 2014 (month, day, year)

Signature