Officeh er and Candidate Campaign Statement – Short Form

(Government Code Section 84206)

Type or print in ink.

ORT FORM

Date Stamp

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CALIFORNIA FORM **470**

For Official Use Only

COPY

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

June 8 2010

☐ **Amendment** (Explain Below)

1. Statement Covers Calendar Year 2010.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Sue Herbers

STREET ADDRESS

2264 W 230 ST

CITY

Torrance

STATE

CA

ZIP CODE

90501

AREA CODE/DAYTIME PHONE NUMBER

310 618 2864

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Clerk

JURISDICTION (LOCATION)

City of Torrance

DISTRICT NUMBER (IF APPLICABLE)

N/A

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on March 11 2010

DATE

[redacted]