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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)
 Numark, Cliff

DAYTIME TELEPHONE NUMBER (optional) FAX NUMBER (optional) E-MAIL (optional)
 (818) 260-0669 (877) 260-0657

STREET ADDRESS CITY STATE ZIP CODE
 1212 S. Victory Blvd. Burbank CA 91502

OFFICE SOUGHT (POSITION TITLE) DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY:
 Torrance City Council

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: _____

Torrance City Council
 Torrance City Council
 Torrance
 (Name of Jurisdiction) 2010
 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

 (Year of Election) Primary/general election Special/runoff 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 _____

Executed on 06/17/09
 (month, day, year)

Signature

