

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

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

June 3, 2014

Amendment (Explain Below)

Date Stamp

2014 JAN 31 PM 12:03
CITY OF TORRANCE
CLERK'S OFFICE

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 13.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Rebecca Poirier

STREET ADDRESS

CITY

Torrance

STATE

CA

ZIP CODE

90505

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Torrance City Clerk

JURISDICTION (LOCATION)

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
N/A		

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 and correct.

Executed on _____

1/31/14
DATE

By _____

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

FPPC Form 470/470 Supplement (Jan/2008)
FPPC Form 470/470 Supplement Instructions - Rev. 2 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Clear Form

Print Form