

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

Date of election if applicable:
(Month, Day, Year)
JUNE 3, 2014

Amendment (Explain Below)

Date Stamp	CALIFORNIA FORM 470
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1. Statement Covers Calendar Year 20 14.

2. **Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE
NORM SEGEL

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
TORRANCE CA 90505

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

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD
COUNCILMEMBER

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
CITY OF TORRANCE, CA

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 \$1,000 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 FEBRUARY 16, 2014 DATE

By [REDACTED] CANDIDATE

Clear Form Print Form