

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

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

June 10, 2014

Amendment (Explain Below)

Date Stamp
RECEIVED
2014 FEB 11 AM 11:00
CITY OF TORRANCE
CITY CLERK'S OFFICE

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 2013.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Charlotte Svolos

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
[REDACTED] CA 90504

AREA CODE/DAYTIME PHONE NUMBER
[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City council member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Torrance NA

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 2-10-14 DATE

By [REDACTED]

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