Required to be given to candidate
Required to be signed and returned

BALLOT DESIGNATION WORKSHEET

This worksheet is intended to assist in the prompt evaluation of requested ballot designations.

Name of Candidate: Omar Navarro

Candidate for the Office of: Torrance city council
(Including district or division number, if applicable)

Home Address: 24227 Madison St
(Number and street address)
Torrance, CA 90505
(City, State and Zip Code)

Business Address: _____
(Number and street address)
_____
(City, State and Zip Code)

Mailing Address: _____
(If different from above)
_____
(City, State and Zip Code)

Daytime Telephone Number: 424-262-9063
(area code)
Evening Telephone Number: 424-262-9063
(area code)
Fax Telephone Number: _____
(area code)
E-mail: campaign@OmarNavarro.com

Name of Attorney or Other Person Authorized to Act in Your Behalf: _____

His/Her Fax Number: _____
(area code)
Telephone Number: _____
(area code)
E-mail Address: _____

PROPOSED BALLOT DESIGNATION: Car Salesman
(Note: Designation must be your principal profession, vocation or occupation and may be no more than three words; however, you may use the full title of the elective office you currently hold.)

(optional)
If above not accepted, 1st alternative: _____

2nd alternative: _____

Describe what you do and why you believe you are entitled to use the requested ballot designation. If using the title of an elective office, you may submit a copy of your certificate of election or appointment.

The term "incumbent" must be used as a noun. It shall not be used in conjunction with any other words, including any accompanying adjectives or modifiers, and must stand alone.

I currently work for Volvo in Torrance as a Car Salesman.
I am submitting Vehicle Salesperson Temporary permit

Your Job Title: Car Salesmen

Dates You Held the Position: _____

Name of Your Employer or Business: Auto nation
Volvo in Torrance, CA 90505

Contact Person(s) Who Can Verify this Information:

Name(s): Chris

_____

Telephone Number(s): 310-502-4713
(area code)

To the best of my knowledge and belief, the above-requested ballot designation(s) represent my true principal profession(s), vocation(s) and/or occupation(s) which I am entitled to use as my ballot designations pursuant to §13107 and 13107.5 of the Elections Code.

Signed and dated this 3 day of March, in Torrance (location).

[redacted]
Signature

You may attach whatever supporting documentation or exhibits you wish that you believe support your proposed ballot designation. These documents will not be returned to you, so do not submit original versions.