

BALLOT DESIGNATION WORKSHEET

RECEIVED

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

2014 MAR -6 PM 3:10

Name of Candidate: Charlotte Ann Svolas

Candidate for the Office of: Council person
(Including district or division number, if applicable)

CITY OF TORRANCE
CITY CLERK'S OFFICE

Home Address: 2125 W 187th
(Number and street address)
Torrance, CA 90504
(City, State and Zip Code)

Daytime Telephone Number: (310) 701-4864
(area code)

Evening Telephone Number: (310) 701-4864
(area code)

Fax Telephone Number: NA
(area code)

Business Address: 2800 W. 227th
(Number and street address)
Torrance, CA 90504
(City, State and Zip Code)

E-mail: charlotte.svolas@gmail.com

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

Mailing Address: _____
(If different from above)

(City, State and Zip Code)

His/Her Fax Number: NA
(area code)

Telephone Number: NA
(area code)

E-mail Address: NA

PROPOSED BALLOT DESIGNATION: Special Education Teacher

(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: Torrance Teacher
2nd alternative: NA

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.

Your Job Title: Learning Center Teacher

Contact Person(s) Who Can Verify this Information:

Dates You Held the Position: 2003-present

Name(s): Mario Liberati

Name of Your Employer or Business: Torrance Unified School District.

Telephone Number(s): (310) 933-6500
(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 6th day of March, in Torrance, CA

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.