

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

| | |
|---|--|
| <p>Date of election if applicable: (Month, Day, Year)</p> <p>06/03/2014</p> | <p><input checked="" type="checkbox"/> Amendment (Explain Below)</p> <p>funds exceed \$1000</p> |
|---|--|

| | |
|--|---|
| <p>Date Stamp RECEIVED 2014 APR 21 PM 4:04 CITY OF TORRANCE CITY CLERK'S OFFICE</p> | <p>CALIFORNIA FORM 470 For Official Use Only</p> |
|--|---|

1. Statement Covers Calendar Year 20 14 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Charlotte Svolos

STREET ADDRESS

[REDACTED]

CITY

STATE

ZIP CODE

Torrance

CA

90504

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Councilmember

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 |
|-----------------------------------|----------------------------------|-------------------|
| Charlotte Svolos for City Council | [REDACTED] Torrance, CA 90504 | Charlotte Svolos |
| | | |

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 04/21/2014
DATE

By [REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Type or print in ink.

**Officeholder and Candidate
Campaign Statement
Form 470 Supplement**

(Government Code Section 84206)

FORM 470 SUPPLEMENT

Amendment (Explain Below)

funds exceed \$1000

Date Stamp

CALIFORNIA
FORM 470
SUPPLEMENT

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$1,000 or more or has made expenditures of \$1,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Charlotte Svolos

STREET ADDRESS

CITY

STATE

ZIP CODE

Torrance

CA

90504

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT

DISTRICT NUMBER
(IF APPLICABLE)

Councilmember

DATE OF ELECTION (MONTH, DAY, YEAR)

June 3, 2014

3. Date Contributions Totaling \$1,000 or More Were Received or Date Expenditures of \$1,000 or More Were Made

04/21/2014

(MONTH, DAY, YEAR)