

BALLOT DESIGNATION WORKSHEET

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

Name of Candidate: KURT WEIDEMAN
Candidate for the Office of: COUNCILMEMBER, CITY OF TORRANCE
(Including district or division number, if applicable)

Home Address: 3337 W. 166TH ST
(Number and street address)
TORRANCE, CA 90504
(City, State and Zip Code)

Daytime Telephone Number: (310) 538-1929
(area code)

Evening Telephone Number: _____
(area code)

Business Address: 3031 TORRANCE BLVD.
(Number and street address)
TORRANCE, CA 90503
(City, State and Zip Code)

Fax Telephone Number: _____
(area code)

E-mail: KURTWEIDEMAN@ATT.NET

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

Mailing Address: _____
(If different from above)

(City, State and Zip Code)

His/Her Fax Number: _____
(area code)

Telephone Number: _____
(area code)

E-mail Address: _____

PROPOSED BALLOT DESIGNATION: APPOINTED INCUMBENT

(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.

RECEIVED
CITY OF TORRANCE
CLERK'S OFFICE
2014 FEB 27 PM 3:33

Your Job Title: CITY COUNCILMEMBER
Dates You Held the Position: 7/23/13 - Present
Name of Your Employer or Business: _____
CITY OF TORRANCE

Contact Person(s) Who Can Verify this Information:
Name(s): _____
Telephone Number(s): _____
(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 27 day of FEBRUARY, 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.