

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

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

6/5/2018

Amendment (Explain Below)

Date Stamp

TORRANCE
2018 APR 20 AM 10:11
HTS. CLERK OFFICE

CALIFORNIA FORM 470

For Official Use Only

MA

1. Statement Covers Calendar Year 20 18

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Rebecca Poirier

STREET ADDRESS

CITY

Torrance

AREA CODE/DAYTIME PHONE NUMBER

STATE

CA

ZIP CODE

90505

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Clerk

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
N/A		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 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 April 19, 2018
DATE

By [Redacted]
OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form