Candidate Intention Statement					Date Stamp		CALIFORNIA 501
Check One:	Initial	Amendment (Explain)	1	ORR	ANCE		For Official Use Only
			2018 F	EB 3	PM 2: 33		
			CITY	CL ERI	PS OFFICE		
1. Candidate I	nformation:			212111			
NAME OF CANDIDATE	(Last, First, Middle Inl	tial)	DAYTIME TELEPHONE NUMBER	FAX NUI	MBER (optional)	E-MAIL	(optional)
Poirier, Rebecca			OH	() STATE	ZIP COI	DE
			Torrance	Ţį.	CA DISTRICT NUMBER, if	90508	Litera
OFFICE SOUGHT (POS	SITION TITLE)	AGENCY NAME			DISTRICT NOMBER, II	аррпоавіо	NON-PARTISAN
City Clerk OFFICE JURISDICTION	J	City of Torra	nce				PARTY:
State (Complet					2018	a	
☑ City ☐ 0	County Mu	ulti-County: Torrance	(Name of Multi-County Jurisdiction)		(Year of Ele		
(Check one box) I accept the Amendme O I did in the ge	cept the volunt ent: not exceed the	enditure ceiling for the election ary expenditure ceiling for the	stated above.	//_	and I accept	the volur	ntary expenditure ceiling for
(Mark if applicable)	/, I co	entributed personal funds in exc	cess of the expenditure ceiling for the	election	n stated above.		
3. Verification	1:						
I certify unde	er penalty of pe	erjury under the laws of the	State of Colifornia that the foreagin	ng is tru	e and correct.		
Executed on	(month, da	Signatur				FPPC	FPPC Form 501 (Jan/201 Advice: advice@fppc.ca.gov (866/275-377

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