497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

RECEIVED
Date Stamp
2014 MAY 19 PM 1:
CITY OF TORRANCE
CITY CLERK'S OFFICE

497 CONTRIBUTION REPORT
CALIFORNIA FORM 497
For Official Use Only

NAME OF FILER: Geoff Rizzo for City Council 2014

AREA CODE/PHONE NUMBER: [redacted]

I.D. NUMBER (if applicable): 1358352

STREET ADDRESS: [redacted]

CITY: Torrance

STATE: CA

ZIP CODE: 90503

Date of This Filing: 5/19/14

Report No.: 2

☐ Amendment to Report No. _____ (explain below)

No. of Pages: 1

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
5/16/14	Geoffrey Rizzo [redacted] Torrance, CA 90503	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	3,000 ☒ Check if Loan 0 % Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____ % Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____ % Provide interest rate

**Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Reason for Amendment: _____