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RECEIVED

Statement of Organization Recipient Committee

Statement Type Initial Not yet qualified or

R 19 L

Amendment List I.D. number: # _____

Termination - See Part 5 List I.D. number: # _____

JUN 8 2015

in the office of the Secretary of State of the State of California

Date Stamp FILED MAR 09 2015

CALIFORNIA FORM 410 For Official Use Only 2015 MAR 18 AM 11:36 CAMPAIGN FINANCE DISCLOSURE SECTION R/S

Date qualified as committee

Date qualified as committee (if applicable)

Date of Termination

1. Committee Information

NAME OF COMMITTEE: Re-Elect Geoff Rizzo for City Council 2016. CITY: Torrance, STATE: CA, ZIP CODE: 90503. COUNTY OF DOMICILE: Los Angeles, JURISDICTION WHERE COMMITTEE IS ACTIVE: Torrance.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Donna M. Rizzo. CITY: Torrance, STATE: CA, ZIP CODE: 90503. NAME OF PRINCIPAL OFFICER(S): Geoffrey B. Rizzo. CITY: Torrance, STATE: CA, ZIP CODE: 90503.

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information is true and correct.

Executed on 3/2/2015 By [Signature] OFFICER/TREASURER. Executed on 3/2/2015 By [Signature] OFFICER/CANDIDATE/PROPOSER. Executed on [Date] By [Signature] CONTROLLING OFFICER/PROPOSER. Executed on [Date] By [Signature] CONTROLLING OFFICER/PROPOSER.

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Re-Elect Geoff Rizzo for City Council 2016	I.D. NUMBER
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Geoffrey B. Rizzo	City Council	2016	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>