

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

158352

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(if applicable)

1388532 RECEIVED

Termination - See Part 5

List I.D. number:

158352

12 / 19 / 2014
Date of Termination

Date Stamp

CALIFORNIA FORM 410

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of the State of California
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CITY OF TORRANCE
CITY CLERK'S OFFICE
DEC 31 2014

DISCLOSURE

COPY

DEBRA BOWEN

1. Committee Information

NAME OF COMMITTEE

Geoff Rizzo for City Council 2014

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

Torrance CA 90503 [REDACTED]

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

Torrance

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Donna M. Rizzo

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

Torrance CA 90503 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Geoffrey B. Rizzo

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

Torrance CA 90503 [REDACTED]

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 _____ By _____

12/28/14
DATE

[REDACTED SIGNATURE]

TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____

12/23/14
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT