Torrance

Statement of Organization
Recipient Committee

Statement Type

☐ **Initial**
Not yet qualified ☐ or

☑ **Amendment**
List I.D. number:
1358532
06 / 04 / 2013
Date qualified as committee (If applicable)

☐ **Termination – See Part 5**
List I.D. Number:
#
Date of Termination

RECEIVED RECEIVED AND FILED in the office of the Secretary of State of the State of California
2013 AUG 27 AM 9:57
CITY OF TORRANCE CITY CLERK'S OFFICE

Date Stamp
JUL 08 2013
DEBRA BOWEN
Secretary of State

CALIFORNIA FORM 410

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2013 JUL 18 PM 2:52
CAMPAIGN FINANCE DISCLOSURE SECTION

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)
[redacted] Torrance Ca 90503

FAX / E-MAIL ADDRESS
[redacted]

COUNTY OF DOMICILE: Los Angeles
JURISDICTION WHERE COMMITTEE IS ACTIVE: Torrance

Attach additional information on appropriately labeled continuation sheets.

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)

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in pre[redacted]owledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the S[redacted]d correct.

Executed on 7/1/13 (DATE) By [redacted]EASURER OR ASSISTANT TREASURER

Executed on 7/1/13 (DATE) By [redacted]EHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ (DATE) By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ (DATE) By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee
INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME
Geoff Rizzo for City Council 2014

I.D. NUMBER
1358532

- **All committees must list the financial institution where the campaign bank account is located.**

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Torrance Community Credit Union	(310)618-9111	[redacted]

ADDRESS	CITY	STATE	ZIP CODE
2377 Crenshaw Blvd, Suite 150	Torrance	CA	90503

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	Council Member	2014	☑ Nonpartisan
			☐ 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	CHECK ONE: OPPOSE
		☐	☐
		☐	☐