Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 15

For Official Use Only

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CITY OF TORRANCE
CITY CLERK'S OFFICE

SEE INSTRUCTIONS ON REVERSE

Statement covers period	Date of election if applicable: (Month, Day, Year)
from 3/18/2014	6/3/2014
through 5/17/2014	

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ◯ State Candidate Election Committee
  - ◯ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ◯ Sponsored
  - ◯ Small Contributor Committee
  - ◯ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ◯ Controlled
  - ◯ Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1358352

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO 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) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Donna M. Rizzo

MAILING ADDRESS
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90503	[redacted]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best o[redacted]n and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and co[redacted]

Executed on 5-20-14 (Date) By [redacted]asurer

Executed on 5-20-14 (Date) By [redacted] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Geoffrey B. Rizzo

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council-City of Torrance

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[redacted] Torrance

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
N/A	
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

N/A

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
Geoffrey B. Rizzo	City Council	☑ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA FORM **460**

Statement covers period from 3/18/2014 through 5/17/2014

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Geoff Rizzo for City Council 2014

I.D. NUMBER: 1358352

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 6655	$ 25939
2. Loans Received	*Schedule B, Line 3*	4000	11007
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 10655	$ 36946
4. Nonmonetary Contributions	*Schedule C, Line 3*	755	3281
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 11410	$ 40227

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 15462	$ 34380
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 15462	$ 34380
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	135	5035
10. Nonmonetary Adjustment	*Schedule C, Line 3*	755	3301
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 16352	$ 42716

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 7373
13. Cash Receipts	*Column A, Line 3 above*	10655
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	15462
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 2566

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 16042

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	$
/ /	$

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 3/18/2014
through 5/17/2014

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Geoff Rizzo for City Council 2014

I.D. NUMBER
1358352

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/18/2014	Reynolds Business Management 800 S Pacific Coast Hwy, #163 Redondo Beach CA 90277	☐IND ☐COM ☑OTH ☐PTY ☐SCC	Reynolds Business Management	20.00	20.00	194.00
3/18/2014	Rob Van Lingen [redacted] Torrance CA 90505	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Self-employed/Van Lingen Tow	250.00	250.00	500.00
3/18/2014	Chai Brazil [redacted] Redondo Beach CA 90277	☑IND ☐COM ☐OTH ☐PTY ☐SCC	self-employed Personal Trainer	20.00	20.00	170.00
3/18/2014	Michelle Martinez [redacted] Torrance CA 90503	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Teacher/TUSD	10.00	10.00	347.00
3/22/2014	Dennis A Johnson [redacted] Torrance CA 90503	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	120.00	120.00	120.00
			SUBTOTAL $	420.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 5693.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 962.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 6655.00

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 3/18/2014
through 5/17/2014

CALIFORNIA FORM **460**

NAME OF FILER
Geoff Rizzo for City Council 2014

I.D. NUMBER
1358352

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/24/2014	Gitte J. Lieber [redacted] Torrance CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Occupational Therapist/LCMH	125.00	125.00	125.00
3/27/2014	James D. Herren [redacted] Torrance CA 90505	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Law Enforcement/UCLA	100.00	100.00	200.00
4/1/2014	Kathryn Carbajal [redacted] Torrance CA 90504	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	200.00	200.00	200.00
4/9/2014	Gene Barnett [redacted] Torrance CA 90501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	City Councilman	100.00	100.00	100.00
4/9/2014	Steven Cobb [redacted] Torrance CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineer/Aerospace Corp	100.00	100.00	100.00
			SUBTOTAL $	625.00		

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 3/18/2014
through 5/17/2014

CALIFORNIA FORM **460**

NAME OF FILER
Geoff Rizzo for City Council 2014

I.D. NUMBER
1358352

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/10/2014	Allen Tucker [redacted] Torrance CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Security/ Pelican	100.00	100.00	100.00
4/15/2014	Dan and Tobi Quintiliani [redacted] Rancho Palos Verdes CA 90275	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-employed/Cal-Cool	200.00	200.00	200.00
4/15/2014	Jon Kaji [redacted] Gardena ca 90248	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-employed/Kaji & Associates	250.00	250.00	250.00
4/16/2014	Jamie Ruth Watson [redacted] Torrance CA 90501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	99.00	99.00	198.00
4/16/2014	Dee Hardison [redacted] Torrance CA 90501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	100.00
			SUBTOTAL $	749.00		

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IND – Individual
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PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 3/18/2014
through 5/17/2014

CALIFORNIA FORM 460

NAME OF FILER
Geoff Rizzo for City Council 2014

I.D. NUMBER
1358352

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/18/2014	Stefan Wolowicz [redacted] Rancho Palos Verdes CA 90275	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	100.00
4/19/2014	Adrienne Arrasmith [redacted] West Hollywood CA 90069	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Assoc Producer/Treyarch	300.00	300.00	400.00
4/26/2014	Robinson Helicopter Co 2901 Airport Drive Torrance, CA 90505	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	Robinson Helicopter Co	500.00	500.00	500.00
4/29/2014	Kathryn Carbajal [redacted] Torrance CA 90504	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	50.00	250.00	250.00
5/2/2014	Torrance Area Chamber of Commerce Political Action Committee 3400 Torrance Blvd, #100 Torrance CA 90503	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	Torrance Area Chamber of Commerce Political Action Committee	500.00	500.00	500.00
			SUBTOTAL $	1450.00		

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PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 3/18/2014
through 5/17/2014

CALIFORNIA FORM 460

NAME OF FILER
Geoff Rizzo for City Council 2014

I.D. NUMBER
1358352

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/2/2014	Maureen B O'Donnell [redacted] Torrance CA 90501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	50.00	150.00	150.00
5/2/2014	Scott Schuster [redacted] Torrance CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Construction Supervisor/Ford Hill Construction	500.00	500.00	500.00
5/2/2014	Gitte J. Lieber [redacted] Torrance CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Occupational Therapist/LCMH	99.00	224.00	224.00
5/2/2014	Chai Brazil [redacted] Redondo Beach CA 90277	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	self-employed Personal Trainer	200.00	220.00	370.00
5/6/2014	Brookstronics Engineering Corp 28231 Avenue Crocker, Unit 70 Valencia CA 91355	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	Brookstronics Engineering Corp	150.00	150.00	150.00
			SUBTOTAL $	999.00		

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IND – Individual
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PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
from 3/18/2014
through 5/17/2014

CALIFORNIA FORM 460

NAME OF FILER
Geoff Rizzo for City Council 2014

I.D. NUMBER
1358352

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/6/2014	John R Crayton [redacted] Torrance CA 90505	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100.00	100.00	100.00
5/6/2014	Uchinma Commercial Real Estate 3838 Carson St, Suite 330 Torrance CA 90503	☐IND ☐COM ☑OTH ☐PTY ☐SCC	Uchinma Commercial Real Estate	50.00	650.00	850.00
5/8/2014	Carol Lynn Kahler [redacted] Torrance CA 90501	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100.00	100.00	100.00
5/8/2014	Dave and Marla Smith [redacted] Torrance CA 90503	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	250.00	250.00	500.00
5/8/2014	Robert Van Lingen [redacted] Torrance CA 90505	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Self-employed/Van Lingen Tow	250.00	250.00	500.00
			SUBTOTAL $	750.00		

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 3/18/2014
through 5/17/2014

CALIFORNIA FORM **460**

NAME OF FILER
Geoff Rizzo for City Council 2014

I.D. NUMBER
1358352

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/10/2014	John Dwyer [redacted] Redondo Beach CA 90277	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Lawyer/Gordon & Rees LLP	100.00	300.00	300.00
5/12/2014	Jaqueline Parke [redacted] Laguna Woods CA 92637	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher/LBUSD	100.00	100.00	100.00
5/14/2014	Laurie Anderson [redacted] Torrance CA 90501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Manager/ City of Torrance	200.00	398.00	398.00
5/14/2014	Claude and Doris Kamar [redacted] Torrance CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Los Angeles County/Lab Scientist	50.00	50.00	100.00
5/15/2014	Michael Paolozzi [redacted] Torrance CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250.00	250.00	250.00
			SUBTOTAL $	700.00		

*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

Schedule B – Part 1
Loans Received

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

Statement covers period
from 3/18/2014
through 5/17/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Geoff Rizzo for City Council 2014

I.D. NUMBER: 1358352

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Geoffrey B. Rizzo [redacted] Torrance CA 90503 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$ 0	$ 0	☐ PAID $ 0 ☐ FORGIVEN $ 0	$ 0 N/A DATE DUE	0 % RATE $	$ 1000 6/4/13 DATE INCURRED	CALENDAR YEAR $ 1000 PER ELECTION** $
Geoffrey B. Rizzo [redacted] Torrance CA 90503 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$ 0	$ 0	☐ PAID $ 0 ☐ FORGIVEN $ 0	$ 0 N/A DATE DUE	0 % RATE $	$ 5007 7/1/13 DATE INCURRED	CALENDAR YEAR $ 6007 PER ELECTION** $
Geoffrey B. Rizzo [redacted] Torrance CA 90503 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$ 0	$ 0	☐ PAID $ 0 ☐ FORGIVEN $ 0	$ 0 N/A DATE DUE	0 % RATE $	$ 1000 1/21/14 DATE INCURRED	CALENDAR YEAR $ 1000 PER ELECTION** $
		SUBTOTALS $	4000 $	$	11007 $	(Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ PAGE 1 OF 2
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ —
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ SEE PAGE 12 OF 15 FOR TOTAL
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

†Contributor Codes
IND – Individual
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OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule B – Part 1
Loans Received

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

Statement covers period
from 3/18/2014
through 5/17/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Geoff Rizzo for City Council 2014

I.D. NUMBER: 1358352

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Geoffrey B. Rizzo [redacted] Torrance CA 90503 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$ 7007	$ 1000	☐ PAID $ 0 ☐ FORGIVEN $ 0	$ 8007 N/A DATE DUE	0 % RATE $ 0	$ 1000 4/7/14 DATE INCURRED	CALENDAR YEAR $ 2000 PER ELECTION** $
Geoffrey B. Rizzo [redacted] Torrance CA 90503 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$ 7007	$ 3000	☐ PAID $ 0 ☐ FORGIVEN $ 0	$ 11007 N/A DATE DUE	0 % RATE $ 0	$ 3000 5/16/14 DATE INCURRED	CALENDAR YEAR $ 5000 PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $	4000 $	$	11007 $	(Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 4000
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 4000
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule C
Nonmonetary Contributions Received

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

SCHEDULE C

CALIFORNIA FORM **460**

Statement covers period
from 3/18/2014
through 5/17/2014

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Geoff Rizzo for City Council 2014

I.D. NUMBER
1358352

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
3/18/2014	Kennith Hall [redacted] Torrance CA 90502	☑IND ☐COM ☐OTH ☐PTY ☐SCC	CEO/ Hall Associated	Food/Hall and paper good for Dinner Fund Raiser	300	400.00	400.00
5/2/2014	Donna Rizzo [redacted] Torrance CA 90503	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Administrative Coordinator/Reel Muzik Werks, LLC	Food/beverages/ paper goods for Meet and Greet	455	455.00	455.00
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $** 755.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 755.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL $** 755.00

*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

Schedule E
Payments Made

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

Statement covers period
from 3/18/2014
through 5/17/2014

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Geoff Rizzo for City Council 2014

I.D. NUMBER
1358352

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Freeman Public Affairs, Inc 1405 Marcelina, #111 Torrance CA 90501	POS		8750.00
Freeman Public Affairs, Inc 1405 Marcelina, #111 Torrance CA 90501	LIT		6150.00
California Republican Taxpayers Association 1130 Fremont Blvd, #105-115 Seaside CA 93955	LIT	Slate Mailer	500.00

* **Payments that are contributions or independent expenditures must also be summarized on Schedule D.**

SUBTOTAL $ 15400.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 15400.00
2. Unitemized payments made this period of under $100 ..... $ 62.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 15462.00

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 3/18/2014
through 5/17/2014

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Geoff Rizzo for City Council 2014

I.D. NUMBER
1358352

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Freeman Public Affairs, Inc 1405 Marcelina, #111 Torrance CA 90501	CNS and LIT	4900.00	6285.00	6150.00	5035.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS $	4900.00 $	6285.00 $	6150.00 $	5035.00

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ..... **INCURRED TOTALS $** 6285.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ..... **PAID TOTALS $** 6150.00
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET $** 135.00
   May be a negative number