

# BALLOT DESIGNATION WORKSHEET

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This worksheet is intended to assist in the prompt evaluation of requested ballot designations.

2014 FEB 25 AM 9:36

Name of Candidate: GEOFF RIZZO

Candidate for the Office of: COUNCIL MEMBER  
(Including district or division number, if applicable)

CITY OF TORRANCE  
CITY CLERK'S OFFICE

Home Address: 5225 CATHAN ST  
(Number and street address)  
TORRANCE CA 90503  
(City, State and Zip Code)

Daytime Telephone Number: (310) 702-8220  
(area code)

Evening Telephone Number: (310) 540-5984  
(area code)

Business Address: NONE  
(Number and street address)  
(City, State and Zip Code)

Fax Telephone Number: NONE  
(area code)

E-mail: RIZZO4COUNCIL@GMAIL.COM

Mailing Address: 4733 TORRANCE BLVD, #600  
(If different from above)  
TORRANCE, CA 90503  
(City, State and Zip Code)

Name of Attorney or Other Person Authorized to Act in Your Behalf: N/A

His/Her Fax Number: \_\_\_\_\_  
(area code)

Telephone Number: \_\_\_\_\_  
(area code)

E-mail Address: \_\_\_\_\_

**PROPOSED BALLOT DESIGNATION:** RETIRED POLICE LIEUTENANT

(Note: Designation must be your principal profession, vocation or occupation and may be no more than three words; however, you may use the full title of the elective office you currently hold.)

(optional)  
If above not accepted, 1<sup>st</sup> alternative: RETIRED POLICE LIEUTENANT  
2<sup>nd</sup> alternative: RETIRED POLICE OFFICER

Describe what you do and why you believe you are entitled to use the requested ballot designation. If using the title of an elective office, you may submit a copy of your certificate of election or appointment.

The term "incumbent" must be used as a noun. It shall not be used in conjunction with any other words, including any accompanying adjectives or modifiers, and must stand alone.

I RETIRED AS A POLICE LIEUTENANT AND WAS IN THAT POSITION FOR MORE THAN FIVE YEARS.

Your Job Title: POLICE LIEUTENANT

Contact Person(s) Who Can Verify this Information:

Dates You Held the Position: 7/28/02 - 12/17/10

Name(s): PERSONNEL DIVISION TPD

Name of Your Employer or Business: \_\_\_\_\_

TORRANCE POLICE DEPARTMENT

Telephone Number(s): (310) 328-3456  
(area code)

To the best of my knowledge and belief, the above-requested ballot designation(s) represent my true principal profession(s), vocation(s) and/or occupation(s) which I am entitled to use as my ballot designations pursuant to §13107 and 13107.5 of the Elections Code.

Signed and dated this 25<sup>th</sup> day of FEBRUARY, in TORRANCE CA

Signature: \_\_\_\_\_

You may attach whatever supporting documentation or exhibits you wish that you believe support your proposed ballot designation. These documents will not be returned to you, so do not submit original versions.