

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: # 158352 List I.D. number: # 158352
 _____ Date qualified as committee _____ Date qualified as committee (if applicable) _____
 _____ Date of Termination 12/19/2014

Date Stamp  **CALIFORNIA FORM 410**
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 CITY OF TORRANCE
 CLERK'S OFFICE

1. Committee Information

NAME OF COMMITTEE
Geoff Rizzo for City Council 2014
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE
Torrance CA 90503 _____
 MAILING ADDRESS (IF DIFFERENT)

 FAX / E-MAIL ADDRESS

 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles Torrance

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Donna M. Rizzo
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE
Torrance CA 90503 _____
 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)

 CITY STATE ZIP CODE AREA CODE/PHONE
Torrance CA 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 12/28/14 By _____
DATE
 Executed on 12/23/14 By _____
DATE
 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