COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 7/1/2014 through 12/31/2014

Date of election if applicable: (Month, Day, Year) 6/3/2014

Date Stamp: RECEIVED 2015 JAN 12 AM 11:32 CITY OF TORRANCE CITY CLERK'S OFFICE

CALIFORNIA FORM 460

Page 1 of 12

For Official Use Only

COPY

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:

- [ ] Preelection Statement
- [ ] Semi-annual Statement
- [x] 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: Torrance STATE: CA ZIP CODE: 90503 AREA CODE/PHONE: [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: Torrance STATE: CA ZIP CODE: 90503 AREA CODE/PHONE: [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 of [redacted] he 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 cor[redacted]

Executed on 1/11/2015 (Date) By [redacted]

Executed on 1/11/2015 (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.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

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
5225 Cathann Street	Torrance	CA	90503

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	CONTRCLLED 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 7/1/2014 through 12/31/2014

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*	$ 15,451	$ 45,133
2. Loans Received	*Schedule B, Line 3*	<13,007>	0
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 2,444	$ 45,133
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	3,713
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 2,444	$ 48,846

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 5,015	$ 45,132
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 5,015	$ 45,132
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	0
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 5,015	$ 50,147

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 2,572
13. Cash Receipts	*Column A, Line 3 above*	2,444
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	5,015
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 0

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*	$ 0

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

Statement covers period
from 7/1/2014
through 12/31/2014

CALIFORNIA FORM 460

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)
9/2/2014	Ralph Avakian [redacted] Torrance CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	200.00	200.00
9/5/2014	Paul Cohen [redacted] Torrance CA 90505	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	50.00	100.00	100.00
9/5/2014	Jeff Pope [redacted] Redondo Beach CA 90277	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager/IBM	100.00	200.00	200.00
9/5/2014	Irene Alvarez [redacted] Torrance CA 90501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	200.00	200.00
9/8/2014	H Jean Adelsman [redacted] Redondo Beach CA 90277	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	199.00	199.00
			SUBTOTAL $	450.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 15,302.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 149.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 15,451.00

*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 7/1/2014
through 12/31/2014

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)
9/12/2014	Lynn and Pete Hubbell [redacted] Redondo CA 90277	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-employed/December 15 Corp	100.00	200.00	200.00
9/12/2014	W.C. Applegate [redacted] Torrance CA 90505	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner/Applegate Company	100.00	155.00	155.00
9/12/2014	Mark Peterson [redacted] Torrance CA 90505	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Analyst/Tecolote Research Inc	100.00	200.00	200.00
9/13/2014	Judy Lynn Gagnon [redacted] Torrance CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	200.00	700.00	700.00
9/18/2014	Carl J Dispenziere, DDS 22425 Palos Verdes Blvd Torrance CA 90505	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	Carl J Dispenziere, DDS	75.00	325.00	325.00
			SUBTOTAL $	575.00		

*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 7/1/2014
through 12/31/2014

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)
9/27/2014	Denise Dragatto [redacted] Torrance CA 90505	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Marketing Analyst/Roll Global	75.00	175.00	175.00
9/27/2014	Patrick B. Wren [redacted] Torrance CA 90504	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	200.00	300.00	300.00
9/30/2014	Mathilde F Terre [redacted] Redondo Beach CA 90277	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	50.00	550.00	550.00
9/30/2014	Surf Management Inc P O Box 3217 Torrance CA 90510	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	Surf Management Inc	500.00	1000.00	1000.00
10/2/2014	Kelly S. Buck [redacted] P.V.E., CA 90274	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney/Los Angeles County	100.00	300.00	300.00
			SUBTOTAL $	925.00		

*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 7/1/2014
through 12/31/2014

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)
10/4/2014	Pamela Popovich [redacted] Redondo Beach CA 90277	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	50.00	150.00	150.00
10/4/2014	La Caze Development Company 2601 Airport Drive, Suite 300 Torrance CA 90505	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	La Caze Development Company	100.00	200.00	200.00
10/8/2014	Robert Van Lingen [redacted] Torrance CA 90505	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-employed/Van Lingen Tow	250.00	750.00	750.00
10/8/2014	John R Crayton [redacted] Torrance CA 90505	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	200.00	200.00
10/8/2014	Dennis A Johnson [redacted] Torrance CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	220.00	220.00
			SUBTOTAL $	600.00		

*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 7/1/2014
through 12/31/2014

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)
10/20/2014	Dick and June Rossberg [redacted] Redondo Beach CA 90277	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	200.00	600.00	600.00
10/29/2014	John Dwyer [redacted] Redondo Beach CA 90277	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Lawyer/Gordon & Rees LLP	100.00	400.00	400.00
11/18/2014	3440 Lomita Medical BLDG 3400 Lomita Blvd, /Suite 302 Torrance CA 90505	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	3440 Lomita Medical BLDG	500.00	1000.00	1000.00
11/18/2014	The Tormed BLDGS., LTD 3400 Lomita Blvd, Suite 302 Torrance CA 90505	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	The Tormed BLDGS., LTD	500.00	1000.00	1000.00
12/19/14	Geoffrey B. Rizzo [redacted] Torrance CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	1000.00	11,452	11,452.00
			SUBTOTAL $	2300.00		

*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 7/1/2014
through 12/31/2014

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)
12/19/14	Geoffrey B. Rizzo [redacted] Torrance CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	5007.00	11,452.00	11,452.00
12/19/14	Geoffrey B. Rizzo [redacted] Torrance CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	1000.00	11,452.00	11,452.00
12/19/14	Geoffrey B. Rizzo [redacted] Torrance CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	1000.00	11,452.00	11,452.00
12/19/14	Geoffrey B. Rizzo [redacted] Torrance CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	3000.00	11,452.00	11,452.00
12/19/14	Geoffrey B. Rizzo [redacted] Torrance CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	445.00	11,452.00	11,452.00
			SUBTOTAL $	10,452.00		

*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 7/1/2014 through 12/31/2014

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	$ 1000	☐ PAID $ ____ ☑ FORGIVEN $ 1000	$ 0 N/A DATE DUE	0 % RATE $ ____	$ 1000 6/4/13 DATE INCURRED	CALENDAR YEAR $ 1000 PER ELECTION** $ 1000
Geoffrey B. Rizzo [redacted] Torrance CA 90503 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$ 1000	$ 5007	☐ PAID $ ____ ☑ FORGIVEN $ 5007	$ 0 N/A DATE DUE	0 % RATE $ ____	$ 5007 7/1/13 DATE INCURRED	CALENDAR YEAR $ 6007 PER ELECTION** $ 6007
Geoffrey B. Rizzo [redacted] Torrance CA 90503 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$ 6007	$ 1000	☐ PAID $ ____ ☑ FORGIVEN $ 1000	$ 0 N/A DATE DUE	0 % RATE $ ____	$ 1000 1/21/14 DATE INCURRED	CALENDAR YEAR $ 7007 PER ELECTION** $ 7007
		SUBTOTALS $ 0		$ 7007	$ 0	$ 0 (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ ____
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ PAGE 1 OF 2
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
   SEE PAGE 11 OF 12 FOR TOTALS
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ ____ (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 B – Part 1
Loans Received

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

Statement covers period from 7/1/2014 through 12/31/2014

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 $ ____ ☑ FORGIVEN $ 1000	$ 0 N/A DATE DUE	0 % RATE $ ____	$ 1000 4/17/14 DATE INCURRED	CALENDAR YEAR $ 8007 PER ELECTION** $ 8007
Geoffrey B. Rizzo [redacted] Torrance CA 90503 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$ 8007	$ 3000	☐ PAID $ ____ ☑ FORGIVEN $ 3000	$ 0 N/A DATE DUE	0 % RATE $ ____	$ 3000 5/16/14 DATE INCURRED	CALENDAR YEAR $ 11007 PER ELECTION** $ 11007
Geoffrey B. Rizzo [redacted] Torrance CA 90503 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$ 11007	$ 2000	☑ PAID $ 1555 ☑ FORGIVEN $ 445	$ 0 N/A DATE DUE	0 % RATE $ ____	$ 2000 6/2/14 DATE INCURRED	CALENDAR YEAR $ 13007 PER ELECTION** $ 13007
		SUBTOTALS $ 0		$ 6000	$ 0	$ 0 (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 0
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 13007
   (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** $ <13007>
   (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 E
Payments Made

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

SCHEDULE E
CALIFORNIA FORM **460**

Statement covers period
from 7/1/2014
through 12/31/2014

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 1405 Marcelina, Ste. 111 Torrance CA 90501	CNS		5,000.00

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

SUBTOTAL $ 5,000.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 5,000.00
2. Unitemized payments made this period of under $100 ..... $ 15.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 5,015.00