Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period	Date of election if applicable: (Month, Day, Year)
from 07/1/2015	06/07/2016
through 12/31/2015	

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CALIFORNIA FORM **460**

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For Official Use Only

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
- [ ] Termination Statement (Also file a Form 410 Termination)
- [x] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

Correction to Summary Page, Column A - Line 10

3. Committee Information

I.D. NUMBER: 1376043

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Geoff Rizzo for Torrance City Council 2016

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
[redacted]

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
Geoffrey B. Rizzo

MAILING ADDRESS
[redacted]

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

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein 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 correct.

Executed on 5/12/2016 (Date) By [redacted] Signature of Treasurer or Assistant Treasurer

Executed on 5/12/2016 (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

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	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	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

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 07/1/2015 through 12/31/2015

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Geoff Rizzo for City Council 2016

I.D. NUMBER: 1376043

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 12773.17	$ 12773.17
2. Loans Received	Schedule B, Line 3	13000.00	13000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 25773.17	$ 25773.17
4. Nonmonetary Contributions	Schedule C, Line 3	316.00	316.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 26089.17	$ 26089.17

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 8385.69	$ 8385.69
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 8385.69	$ 8385.69
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	2500.00	2500.00
10. Nonmonetary Adjustment	Schedule C, Line 3	316.00	316.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 11201.69	$ 11201.69

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 0.00
13. Cash Receipts	Column A, Line 3 above	25773.17
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	8385.69
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 17387.48

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 15,500.00

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.