

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp <b>RECEIVED</b>  JUL 19 2016 <i>1:45 pm</i> City of Torrance City Clerk's Office	CALIFORNIA FORM <b>460</b>
	Page <u>1</u> of <u>3</u> For Official Use Only

Statement covers period from <u>4/24/16</u>  through <u>5/21/16</u>	Date of election If applicable: (Month, Day, Year)  <u>6/7/16</u>
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SEE INSTRUCTIONS ON REVERSE

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee              | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Preelection Statement  | <input type="checkbox"/> Quarterly Statement     |
| <input type="checkbox"/> Semi-annual Statement   | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small>        |  |
| <input checked="" type="checkbox"/> Amendment (Explain below)<br><u>Inadvertently left out Schedule B.</u> |  |

**3. Committee Information**

I.D. NUMBER  
1376043

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Geoff Rizzo for City Council 2016

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Torrance</u>	<u>CA</u>	<u>90503</u>	<u>[REDACTED]</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Torrance</u>	<u>CA</u>	<u>90503</u>	<u>[REDACTED]</u>

NAME OF ASSISTANT TREASURER, IF ANY

Geoffrey B. Rizzo

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Torrance</u>	<u>CA</u>	<u>90503</u>	<u>[REDACTED]</u>

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 7/18/2016  
Date

Executed on 7/18/2016  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [REDACTED]  
Signature of Treasurer or Assistant Treasurer

By [REDACTED]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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*

**Schedule B – Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>4/24/16</u> through <u>5/21/16</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>3</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Geoff Rizzo for Torrance City Council 2016**

I.D. NUMBER

**1376043**

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  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Adjunct Professor - El Camino Community College	\$ 8000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 8000.00  N/A DATE DUE	0 % RATE  \$ 0.00	\$ 8000.00  7/12/15 DATE INCURRED	CALENDAR YEAR \$ 8000.00 PER ELECTION** \$ 0.00
Geoffrey B. Rizzo [REDACTED] Torrance, CA 90503  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Adjunct Professor - El Camino Community College	\$ 13000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 13000.00  N/A DATE DUE	0 % RATE  \$ 0.00	\$ 13000.0  12/18/15 DATE INCURRED	CALENDAR YEAR \$ 13000.00 PER ELECTION** \$ 0.00
Geoffrey B. Rizzo [REDACTED] Torrance, CA 90503  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Adjunct Professor - El Camino Community College	\$ 2500.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 2500.00  N/A DATE DUE	0 % RATE  \$ 0.00	\$ 2500.00  3/7/16 DATE INCURRED	CALENDAR YEAR \$ 2500.00 PER ELECTION** \$ 0.00
<b>SUBTOTALS</b>		\$ 0.00	\$ 0.00	\$ 0.00	\$ 15500.00	\$ 0.00		

**Schedule B Summary**

(Enter (e) on  
Schedule E, Line 3)

- Loans received this period..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.)..... **NET** \$ 0.00  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†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.