1376043 RECEIVED

TORRANCE

Statement of Organization Recipient Committee

R 19 L

JUN 8 2015

City of Torrance
City Clerk's Office

Date Stamp

FILED
in the office of the Secretary of State of the State of California
MAR 09 2015

CALIFORNIA FORM 410

For Official Use Only

2015 MAR 18 AM 11:36

CAMPAIGN FINANCE DISCLOSURE SECTION

R/8

Statement Type

☑ Initial — Not yet qualified ☑ or

☒ Amendment — List I.D. number: #

☐ Termination – See Part 5 — List I.D. number: #

Date qualified as committee: ___/___/___

Date qualified as committee (If applicable): ___/___/___

Date of Termination: ___/___/___

1. Committee Information

NAME OF COMMITTEE: Re-Elect Geoff Rizzo for City Council 2016

STREET ADDRESS (NO P.O. BOX): [redacted]

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

MAILING ADDRESS (IF DIFFERENT):

FAX / E-MAIL ADDRESS: [redacted]

COUNTY OF DOMICILE: Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE: Torrance

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Donna M. Rizzo

STREET ADDRESS (NO P.O. BOX): [redacted]

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

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): [redacted]

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

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 [redacted] and correct.

Executed on 3/2/2015 (DATE) By [redacted] OF TREASURER OR ASSISTANT TREASURER

Executed on 3/2/2015 (DATE) By [redacted] OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on ___ (DATE) By ___ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on ___ (DATE) By ___ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**

COMMITTEE NAME	I.D. NUMBER
Re-Elect Geoff Rizzo for City Council 2016	

- **All committees must list the financial institution where the campaign bank account is located.**

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Geoffrey B. Rizzo	City Council	2016	☑ Nonpartisan
			☐ Nonpartisan

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT ☐	OPPOSE ☐
		SUPPORT ☐	OPPOSE ☐