

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified 1 or

Amendment

List I.D. number:
1376043
07 / 02 / 2015

Termination - See Part 5

List I.D. number:

Date of Termination

Date qualified as committee

Date qualified as committee
(if applicable)

Date of Termination

TORRANCE CK

Date Stamp	CALIFORNIA FORM 410
RECEIVED AND FILE	FILED COUNTY
in the office of the Secretary of State of the State of California	For Official Use Only
JUL 13 2015	2015 JUL 24 AM 9:07
	CAMPAIGN FINANCE

1. Committee Information

NAME OF COMMITTEE

Re-Elect Geoff Rizzo for 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)

FAX / E-MAIL ADDRESS

[Redacted]

COUNTY OF DOMICILE

Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

Torrance

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Donna M. Rizzo

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

Torrance CA 90503 [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 STATE ZIP CODE AREA CODE/PHONE

Torrance CA 90503 [Redacted]

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 foregoing is true and correct.

Executed on 7/8/2015 By [Redacted]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 7/8/2015 By [Redacted]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
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INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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COMMITTEE NAME

Re-Elect Geoff Rizzo for City Council 2016

I.D. NUMBER

1376043

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

NAME OF FINANCIAL INSTITUTION Torrance Community Credit Union	AREA CODE/PHONE (310)618-9111	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 2377 Crenshaw Blvd, Ste. 150	CITY Torrance	STATE ZIP CODE CA 90501

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	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> 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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>