497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER		Date of This Filing 3/18/2016	Date Stamp	CALIFORNIA FORM 497
Geoff Rizzo for Torrance City Council 2016				For Official Use Only
AREA CODE/PHONE NUMBER [redacted]	I.D. NUMBER (if applicable) 1376043	Report No. 1	2016 MAR 21 AM 7:3 CITY OF TORRANCE CLERK'S OFFICE	
STREET ADDRESS [redacted]		☐ Amendment to Report No. _____ (explain below)		
CITY Torrance	STATE CA / ZIP CODE 90503	No. of Pages 1		

1. Contribution(s) Received

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
3/17/2016	Barden Electric Inc [redacted] Redondo Beach CA 90277-8710	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

**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

Reason for Amendment: _____