

Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

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CALIFORNIA FORM 501

2015 FEB 18 PM 1:55

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CITY OF TORRANCE CLERK'S OFFICE

COPY

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Rizzo, Geoffrey B. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () E-MAIL (optional) [REDACTED]

STREET ADDRESS [REDACTED] CITY Torrance STATE CA ZIP CODE 90503

OFFICE SOUGHT (POSITION TITLE) City Council Member AGENCY NAME City of Torrance DISTRICT NUMBER, if applicable _____ NON-PARTISAN PARTY: _____

OFFICE JURISDICTION State (Complete Part 2) City County Multi-County: City of Torrance (Name of Jurisdiction) _____ 2016 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

 Primary/general election Special/runoff election
(Year of Election) (Year of Election)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: / / and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On / / , I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that [REDACTED]

Executed on 2/18/15
(month, day, year)

Signature [REDACTED]