

Torrance

Statement of Organization Recipient Committee

Statement Type  Initial

Not yet qualified  or

Amendment

List I.D. number:

# 1358532

Date qualified as committee

06 / 04 / 2013

Date qualified as committee (if applicable)

Termination - See Part 5

List I.D. #

#

Date of Termination

RECEIVED RECEIVED AND FILED in the office of the Secretary of State of the State of California

2013 AUG 27 AM 9:57

JUL 08 2013

CITY CLERK'S OFFICE

DEBRA BOWEN Secretary of State

CALIFORNIA FORM 410

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2013 JUL 18 PM 2:52

CAMPAIGN FINANCE DISCLOSURE SECTION

1. Committee Information

NAME OF COMMITTEE

Geoff Rizzo for City Council 2014

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Torrance CA 90503

MAILING ADDRESS (IF DIFFERENT)

Torrance Ca 90503

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

Los Angeles Torrance

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Donna M. Rizzo

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Torrance CA 90503

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparation of this statement and I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete.

Executed on 8/27/13 By [Signature]

Executed on 7/11/13 By [Signature]

Executed on DATE By

Executed on DATE By

I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete.

TREASURER OR ASSISTANT TREASURER

OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME <b>Geoff Rizzo for City Council 2014</b>	I.D. NUMBER <b>1358532</b>
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <b>Torrance Community Credit Union</b>	AREA CODE/PHONE <b>(310)618-9111</b>	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS <b>2377 Crenshaw Blvd, Suite 150</b>	CITY <b>Torrance</b>	STATE ZIP CODE <b>CA 90503</b>

**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
<b>Geoffrey B. Rizzo</b>	<b>Council Member</b>	<b>2014</b>	<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"/>