# Supplemental Preelection Campaign Statement

(Government Code Section 84202.5)

Type or print in ink.

SUPPLEMENTAL PRE-ELECTION

CALIFORNIA FORM **495**

For Official Use Only

Date Stamp

☐ **Amendment** (Explain Below)

**Check one box indicating which form is attached to this Form 495:**

☐ **Form 450**, Recipient Committee Campaign Statement - Short Form

☒ **Form 460**, Recipient Committee Campaign Statement - Long Form

## 1. Committee Information

I.D. NUMBER: 1371051

COMMITTEE NAME: Elect Christopher John Rizzotti to Burbank City Council

STREET ADDRESS (NO P.O. BOX): 4405 Riverside Dr. Suite 201

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Burbank | CA | 91505 | (818)262-5446 |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| | | | |

OPTIONAL: FAX / E-MAIL ADDRESS: rizzottiforburbank.com

## Treasurer(s)

NAME OF TREASURER: Mark Newton

STREET ADDRESS: 3112 Amigos Drive

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Burbank | CA | 91504 | 213-999-6965 |

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| | | | |

OPTIONAL: FAX / E-MAIL ADDRESS

## 2. Contributions Made

| DATE OF ELECTION (MONTH, DAY, YEAR) | JURISDICTION OF THE ELECTION | |
|---|---|---|
| 02/24/2015 | Burbank, CA | $ 17,550 has been contributed in connection with this election during the period beginning six months prior to the election and ending 17 days before the election. |

## 3. Verification

I have used all reasonable diligence in preparing and reviewing 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 2/11/2015 (DATE) By _____ TREASURER

Executed on 2/11/2015 (DATE) By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

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

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