

Calabasas

RECEIVED

NOV 15 2022

CITY OF CALABASAS  
CITY CLERK'S OFFICE

1454437

RECEIVED BY  
LOS ANGELES COUNTY

2022 OCT 24 PM 4:25

CAMPAIGN FINANCE

Rejected: \_\_\_\_\_  
Returned: PAA 9-8-2022

RECEIVED AND FILED  
CALIFORNIA FORM 410  
AUG 30 2022  
SEP 19 2022  
In the office of the Secretary of State of California

Statement of Organization  
Recipient Committee

Statement Type  Initial  Amendment  Termination - See Part 5  
Not yet qualified  or  
List I.D. number: # \_\_\_\_\_  
Date qualified as committee \_\_\_\_\_  
Date qualified as committee (if applicable) \_\_\_\_\_  
Date of Termination \_\_\_\_\_

1. Committee Information

NAME OF COMMITTEE  
Ed Albrecht for Calabasas City Council 2022  
STREET ADDRESS (NO P.O. BOX)  
CITY STATE ZIP CODE AREA CODE/PHONE  
MAILING ADDRESS (IF DIFFERENT)  
FAX / E-MAIL ADDRESS  
COUNTY OF DOMICILE Los Angeles  
JURISDICTION WHERE COMMITTEE IS ACTIVE City of Calabasas, District 33

2. Treasurer and Other Principal Officers

NAME OF TREASURER  
Richard Donath  
STREET ADDRESS (NO P.O. BOX)  
CITY STATE ZIP CODE AREA CODE/PHONE  
NAME OF ASSISTANT TREASURER, IF ANY  
Ed Albrecht  
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 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.

Executed on 8/28/2022 By \_\_\_\_\_  
Executed on 9/15/2022 By \_\_\_\_\_  
Executed on \_\_\_\_\_ By \_\_\_\_\_  
Executed on \_\_\_\_\_ By \_\_\_\_\_  
Executed on \_\_\_\_\_ By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA FORM 410**

Page 2

I.D. NUMBER

COMMITTEE NAME  
Ed Albrecht for Calabasas City Council 2022

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

**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
Ed Albrecht	Calabasas City Council, District 33	2022	<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"/>

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

<b>CALIFORNIA FORM 410</b>
Page 3
L.D. NUMBER

COMMITTEE NAME  
**Ed Albrecht for Calabasas City Council 2022**

**4. Type of Committee** (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:  
 CITY Committee  COUNTY Committee  STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR
STREET ADDRESS NO. AND STREET CITY	STATE ZIP CODE

**Small Contributor Committee**

\_\_\_\_\_  
Date qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.