

Calabasas

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2022 NOV 30 AM 10:57

CAMPAIGN FINANCE

1454437

Rejected:
Returned: PAA 9-8-2022

RECEIVED
In the office of the Secretary of
of the State of California
AUG 30 2022
CALIFORNIA FORM 410
RECEIVED AND FILED
In the office of the Secretary of State
of the State of California
SEP 10 2022

**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 [Signature]
Executed on 9/15/2022 by [Signature]
Executed on _____ by _____
Executed on _____ by _____

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**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
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COMMITTEE NAME Ed Albrecht for Calabasas City Council 2022	I.D. NUMBER
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All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
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ADDRESS	CITY	STATE	ZIP CODE
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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." Stating "No party preference" is acceptable
- 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 CHECK ONE		
Ed Albrecht	Calabasas City Council, District 33	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Ed Albrecht for 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

AREA CODE/PHONE

Small Contributor Committee

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent 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.

Calabasas

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CAMPAIGN FINANCE

Statement of Organization
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CALIFORNIA FORM 410
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Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met 08-- 20 2022

Termination - See Part 2
 Date of termination

NOV 18 2022

1. Committee Information I.D. Number 1454437 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE Ed Albrecht for Calabasas City Council 2022				NAME OF TREASURER Richard Donath			
STREET ADDRESS (NO P.O. BOX) 22754 Carsamba Dr.				STREET ADDRESS (NO P.O. BOX) 23051 Oxnard St.			
CITY Calabasas	STATE CA	ZIP CODE 91302	AREA CODE/PHONE 818.261.5555	CITY Woodland Hills	STATE CA	ZIP CODE 91367	AREA CODE/PHONE 818.458.3325
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY Ed Albrecht			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) edwardalbrecht4@gmail.com				STREET ADDRESS (NO P.O. BOX) 22754 Carsamba Dr.			
CITY Calabasas	STATE CA	ZIP CODE 91302	AREA CODE/PHONE 818.261.5555	NAME OF PRINCIPAL OFFICER(S)			
COUNTY OF DOMICILE Los Angeles	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Calabasas, District 33			STREET ADDRESS (NO P.O. BOX)			
Attach additional information on appropriately labeled continuation sheets.				CITY STATE ZIP CODE AREA CODE/PHONE			

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 that the foregoing is true and correct.

Executed on 11-16-22 By Richard Donath
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 11-16-22 By Edward Albrecht
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT