



SHIRLEY N. WEBER, Ph.D.

CALIFORNIA SECRETARY OF STATE

Political Reform Division | 1500 11th Street, Room 495 | Sacramento, CA 95814
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January 20, 2023

RICHARD DONATH
ALBRECHT FOR CALABASAS CITY COUNCIL 2022; ED, ID# 1454437



Dear Filer:

We received your termination Statement of Organization (Form 410) on January 3, 2023.

Lack of Original Signatures

Your statement contained photocopy signatures. Please complete the enclosed Form 410, provide the original signatures of the treasurer and candidate and submit the form to this office.

If you have any questions, please call Peggy Adams at (916) 695-1548.

Sincerely,



Peggy Adams, Staff Services Analyst
SOS | Political Reform Division

Enclosure

RECEIVED AND FILED
in the Office of the Secretary of State
of the State of California
DATE STAMP
~~12/30/2022~~

Statement of Organization
Recipient Committee

CALIFORNIA FORM 410
For Official Use Only

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	12 / 31 / 2022

L/2m

1. Committee Information		I.D. Number	2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE		(if applicable) 1454437	NAME OF TREASURER			
Ed Albrecht for Calabasas City Council 2022.			Richard Donath			
STREET ADDRESS (NO P.O. BOX)			STREET ADDRESS (NO P.O. BOX)			
[REDACTED]			[REDACTED]			
CITY	STATE	ZIP CODE	AREA CODE/PHONE			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]			
FULL MAILING ADDRESS (IF DIFFERENT)			NAME OF ASSISTANT TREASURER, IF ANY			
[REDACTED]			Ed Albrecht			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)			STREET ADDRESS (NO P.O. BOX)			
[REDACTED]			[REDACTED]			
CITY	STATE	ZIP CODE	AREA CODE/PHONE			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]			
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)			
Los Angeles	City of Calabasas, District 33		[REDACTED]			
[REDACTED]			STREET ADDRESS (NO P.O. BOX)			
[REDACTED]			[REDACTED]			
[REDACTED]			CITY	STATE	ZIP CODE	AREA CODE/PHONE
[REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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 that the information provided is true and complete.

Executed on	12/30/22	By	[REDACTED]
	DATE		
Executed on	12/30/22	By	[REDACTED]
	DATE		
Executed on	_____	By	_____
	DATE		
Executed on	_____	By	_____
	DATE		