

# Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

## Statement Type

Initial  
Not yet qualified  or

Amendment

List I.D. number:

# 1354250

Termination – See Part 5

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_  
Date qualified as committee  
(If applicable)

\_\_\_\_\_  
Date of Termination

Date Stamp

CLERK JOHN APPELDOZ

**CALIFORNIA FORM 410**

For Official Use Only

## 1. Committee Information

NAME OF COMMITTEE

Committee to Re-elect Dave Golonski for Council 2013

STREET ADDRESS (NO P.O. BOX)

725 North Avon St.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Burbank	CA	91505	818-843-2948

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

DGOLON@AOL.COM

COUNTY OF DOMICILE

Los Angeles

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

Todd Layfer

STREET ADDRESS (NO P.O. BOX)

816 N. Parish Pl.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Burbank	CA	91506	818-216-8633

NAME OF ASSISTANT TREASURER, IF ANY

Dave Golonski

STREET ADDRESS (NO P.O. BOX)

725 North Avon St.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Burbank	CA	91505	818-843-2948

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

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 1/4/2013  
DATE

By [Signature]  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/4/2013  
DATE

By [Signature]  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Committee to Re-elect Dave Golonski for Council 2013

I.D. NUMBER

1354250

**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 "non-partisan."
- 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
Dave Golonski	City Council	2013	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
JP Morgan Chase Bank, N.A.	818-569-7459	954635348	
ADDRESS	CITY	STATE	ZIP CODE
1551 W. Olive Ave	Burbank	CA	91506

**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