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Burbank

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# Statement of Organization Recipient Committee

Type or print in ink

1352239

STATEMENT OF ORGANIZATION

Statement Type  Initial

Not yet qualified  or

09 / 21 / 12  
Date qualified as committee

Amendment

List I.D. number:  
# \_\_\_\_\_

Date qualified as committee  
(If applicable)

Termination - See Part 5 of the State of California

List I.D. number:  
# \_\_\_\_\_

Date of Termination

Date Stamp  
**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California

SEP 28 2012

**DEBRA BOWEN**  
Secretary of State

**CALIFORNIA FORM 410**

For Official Use Only  
2012 OCT 11 PM 1:34

CALIFORNIA FINANCE  
DISCLOSURE SECTION

## 1. Committee Information

NAME OF COMMITTEE  
Re-Elect David Gordon to City Council 2013

STREET ADDRESS (NO P.O. BOX)  
851 N. Hollywood Way

CITY STATE ZIP CODE AREA CODE/PHONE  
Burbank CA 91505-2814 818-842-2111

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS  
818-842-4454 / gorbur@pacbell.net

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE  
Los Angeles

Attach additional information on appropriately labeled continuation sheets.

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER  
Gail Nicol

STREET ADDRESS (NO P.O. BOX)  
1730 N. Avon Street

CITY STATE ZIP CODE AREA CODE/PHONE  
Burbank CA 91505 818-848-8518

NAME OF ASSISTANT TREASURER, IF ANY

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

## 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 9-22-2012  
DATE

Executed on 9-22-2012  
DATE

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

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

By Gail Nicol  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Re-Elect David Gordon to City Council 2013

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I.D. NUMBER

**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
David Gordon	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	
Bank of America	818-506-2671	164107425767	
ADDRESS	CITY	STATE	ZIP CODE
3400 W. Magnolia Blvd.	Burbank	CA	91505

**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