

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

_____/_____/_____
Date qualified as committee

Termination – See Part 5

List I.D. number:

_____/_____/_____
Date qualified as committee
(if applicable)

_____/_____/_____
Date of Termination

Date Stamp COLLECTED FEB 20 2013	CALIFORNIA FORM 410
For Official Use Only	

1. Committee Information

NAME OF COMMITTEE
Burbank Residents Opposed to Jess Talamantes Slashing Public Safety, a Committee to Oppose
Jess Talamantes for Council 2013, Sponsored by Burbank Residents and the United Food and Commercial
Workers Local 770

STREET ADDRESS (NO P.O. BOX)
777 S. Figueroa St., Ste. 4050

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90017	(213)452-6565

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
(213)452-6575/echang@kaufmanlegalgroup.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles	Los Angeles

2. Treasurer and Other Principal Officers

NAME OF TREASURER
John M. Grant

STREET ADDRESS (NO P.O. BOX)
777 S. Figueroa St., Ste. 4050

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90017	(213)201-7111

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)
John M. Grant

STREET ADDRESS (NO P.O. BOX)
777 S. Figueroa St., Ste. 4050

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90017	(213)201-7111

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 foregoing is true and correct.

Executed on 2.6.13 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
Burbank Residents Opposed to Jess Talamantes Slashing Public Safety, a Committee to Oppose Jess Talamantes for Council 2013, Sponsored by Burbank Residents and the United Food and Commercial Workers Local 770

I.D. NUMBER
Pending

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

<small>NAME OF FINANCIAL INSTITUTION</small> California Bank & Trust	<small>AREA CODE/PHONE</small> (213)228-1700	<small>BANK ACCOUNT NUMBER</small> Pending	
<small>ADDRESS</small> 550 S. Hope St., Ste. 100	<small>CITY</small> Los Angeles	<small>STATE</small> CA	<small>ZIP CODE</small> 90071

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.

<small>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT</small>	<small>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</small>	<small>YEAR OF ELECTION</small>	<small>PARTY</small>
			<input 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:

<small>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</small>	<small>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</small>	<small>CHECK ONE</small>	
		<small>SUPPORT</small> <input type="checkbox"/>	<small>OPPOSE</small> <input type="checkbox"/>
Jess Talamantes	Burbank City Council	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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I.D. NUMBER
Pendina

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

United Food and Commercial Workers Local 770

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

630 Shatto Pl.

Los Angeles

CA

90005

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.