

**Statement of Organization
Recipient Committee**

BBK City Clerk 120370m0940
Date Stamp

**CALIFORNIA
FORM 410**

For Official Use Only

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met

Amendment

Date qualification threshold met

09 / 01 / 2020

Termination – See Part 5

Date of termination

11 / 30 / 2020

1. Committee Information

I.D. Number

(if applicable)

1430512

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

BURBANK CITIZENS FOR RESPONSIBLE GOVERNMENT – NO ON RC, SPONSORED BY CALIFORNIA APARTMENT ASSOCIATION

NAME OF TREASURER

DAVID BAUER

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

GRANITE BAY

CA

95746

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

TOM BANNON

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

SACRAMENTO

CA

95814

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

SACRAMENTO

CA

95814

FULL MAILING ADDRESS (IF DIFFERENT)

GRANITE BAY, CA 95746

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

SACRAMENTO

JURISDICTION WHERE COMMITTEE IS ACTIVE

CITY OF BURBANK

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that

Executed on 11/30/2020
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

BURBANK CITIZENS FOR RESPONSIBLE GOVERNMENT - NO ON RC, SPONSORED BY CALIFORNIA APARTMENT ASSOCIATION

I.D. NUMBER

1430512

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

| | | |
|-------------------------------|-----------------|---------------------|
| NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOUNT NUMBER |
| WELLS FARGO | (916) 678-3690 | 8288998001 |
| ADDRESS | CITY | STATE ZIP CODE |
| 400 CAPITOL MALL | SACRAMENTO | CA 95814 |

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 | | (list political party below) |
|--|---|------------------|-------------|----------|------------------------------|
| | | | CHECK ONE | | |
| | | | Nonpartisan | Partisan | (list political party below) |
| | | | Nonpartisan | Partisan | (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 |
| BURBANK RENT CONTROL : RC | CITY OF BURBANK | SUPPORT | OPPOSE <input checked="" type="checkbox"/> |
| | | SUPPORT | OPPOSE |

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

BURBANK CITIZENS FOR RESPONSIBLE GOVERNMENT - NO ON RC, SPONSORED BY CALIFORNIA APARTMENT ASSOCIATION

I.D. NUMBER

1430512

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

CALIFORNIA APARTMENT ASSOCIATION

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

RESIDENTIAL HOUSING

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

980 NINTH ST. #1430

SACRAMENTO

CA

95814

(916) 449-6432

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.