Statement of Organization
Recipient Committee

Statement Type

☐ Initial — Not yet qualified ☒ or ____/____/____ Date qualified as committee

☐ Amendment — List I.D. number: # _____ ____/____/____ Date qualified as committee (If applicable)

☐ Termination – See Part 5 — List I.D. number: # _____ ____/____/____ Date of Termination

Date Stamp: CCLERK '14SEP16PM 2:52

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE: GUILLEN FOR COUNCIL 2015

STREET ADDRESS (NO P.O. BOX): 2713 N. KEYSTONE ST

CITY: BURBANK | STATE: CA | ZIP CODE: 91504 | AREA CODE/PHONE: (818)558-3540

MAILING ADDRESS (IF DIFFERENT):

FAX/E-MAIL ADDRESS: 818)557-2220 1GUILLEN@SBCGLOBAL.NET

COUNTY OF DOMICILE:

JURISDICTION WHERE COMMITTEE IS ACTIVE:

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: JUAN J. GUILLEN JR.

STREET ADDRESS (NO P.O. BOX): 2713 N. KEYSTONE ST

CITY: BURBANK | STATE: CA | ZIP CODE: 91504 | AREA CODE/PHONE: (818)632-3990

NAME OF ASSISTANT TREASURER, IF ANY:

STREET ADDRESS (NO P.O. BOX):

CITY | STATE | ZIP CODE | AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S): JUAN J GUILLEN

STREET ADDRESS (NO P.O. BOX): 2713 N. Keystone St

CITY: Burbank | STATE: Ca | ZIP CODE: 91504 | 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 09/14/2014 (DATE) By _____

Executed on 9/14/14 (DATE) By _____ (SIGNATURE)

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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CALIFORNIA FORM 410

COMMITTEE NAME
GUILLEN FOR COUNCIL 2015

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER

ADDRESS	CITY	STATE	ZIP CODE

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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
JUAN J. GUILLEN JR.	BURBANK CITY COUNCIL	2015	☑ Nonpartisan
			☐ Nonpartisan

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
		☐	☐
		☐	☐