UPDATING BANK INFO

Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

For Official Use Only

Date Stamp

CCLERK '14JUL23AM 9:14

Statement Type

☐ Initial
Not yet qualified ☐ or
___/___/___
Date qualified as committee

☒ Amendment
List I.D. number:
1367998
07 / 09 / 2014
Date qualified as committee (If applicable)

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

1. Committee Information

NAME OF COMMITTEE
Will Rogers for Burbank City Council - 2015

STREET ADDRESS (NO P.O. BOX)
1525 N. Pepper St.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Burbank	CA	91505	(818) 843-2211

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS
Will@rogers4council.com

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
Nancie Rogers

STREET ADDRESS
1525 N. Pepper St.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Burbank	CA	91505	(818) 843-2211

NAME OF ASSISTANT TREASURER, IF ANY
Will Rogers

STREET ADDRESS
SAME

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAME			

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

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 July 21, 2014 (DATE) By ____ (TREASURER)

Executed on July 21, 2014 (DATE) By ____ (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)

updating bank info

Statement of Organization
Recipient Committee

STATEMENT OF ORGANIZATION
CALIFORNIA FORM 410

INSTRUCTIONS ON REVERSE

COMMITTEE NAME: Will Rogers for Burbank City Council - 2015

I.D. NUMBER: 1367998

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
Will Rogers	Burbank City Council	2015	☒ Non-Partisan
			☐ 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	
Wells Fargo Bank	(818) 841-6550	3867937009	
ADDRESS	**CITY**	**STATE**	**ZIP CODE**
900 N. San Fernando Road	Burbank	CA	91504

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
		SUPPORT	OPPOSE