

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One: [X] Initial [] Amendment (Explain) _____

0716 09 AM 21 387700

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) David Dobson
DAYTIME TELEPHONE NUMBER (818) 439-0720
FAX NUMBER (optional) ()
E-MAIL (optional) dobsonforschoolbaord@gmail.com
STREET ADDRESS 300 N Shelton Street
CITY Burbank
STATE CA
ZIP CODE 91506
OFFICE SOUGHT (POSITION TITLE) Board Member
AGENCY NAME Burbank Unified School District
DISTRICT NUMBER, if applicable.
NON-PARTISAN
OFFICE JURISDICTION
[] State (Complete Part 2.)
[X] City [] County [] Multi-County: Burbank
(Name of Multi-County Jurisdiction)
2013
(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

Primary/general election Special/runoff election

(Check one box)

[] I accept the voluntary expenditure ceiling for the election stated above.

[] I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

[] I did not exceed the expenditure ceiling in the primary or special election held on: ___/___/___ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

[] On ___/___/___, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11-6-12
(month, day, year)

Signature (Candidate)