

Statement of Organization Recipient Committee

Statement Type Initial Amendment Termination – See Part 5

Not yet qualified or

List I.D. number: # 1355715 # _____

Date qualified as committee _____ Date qualified as committee (if applicable) _____ Date of Termination _____

Date Stamp

CALIFORNIA FORM 410

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CLERK '13 MAR 4 PM 2 '06

1. Committee Information

NAME OF COMMITTEE
Parents & Teachers for Better Burbank Schools Supporting Char Tabet & David Dobson for School Board 2013

STREET ADDRESS (NO P.O. BOX)
1787 Tribute Road, Suite K

CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento, CA 95815 (916) 285-5733

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
(916) 333-1344 info@deaneandcompany.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Sacramento County City of Burbank

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Shawnda Deane

STREET ADDRESS (NO P.O. BOX)
1787 Tribute Road, Suite K

CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento, CA 95815 (916) 285-5733

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Sky Gallegos

STREET ADDRESS (NO P.O. BOX)
1787 Tribute Road, Suite K

CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento, CA 95815 (916) 285-5733

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 2/20/13 By Shawnda Deane
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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Parents & Teachers for Better Burbank Schools Supporting Char Tabet & David Dobson for School Board 2013

I.D. NUMBER

1355715

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

NAME OF FINANCIAL INSTITUTION Community 1st Bank	AREA CODE/PHONE (916) 724-2424	BANK ACCOUNT NUMBER 0115011236
ADDRESS 2250 Douglas Blvd., Suite 190	CITY Roseville	STATE ZIP CODE CA 95661

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
			<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:

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
Char Tabet	Burbank USD Board Member City of Burbank	<input checked="" type="checkbox"/>	<input type="checkbox"/>
David Dobson	Burbank USD Board Member City of Burbank	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Parents & Teachers for Better Burbank Schools Supporting Char Tabet & David Dobson for School Board 2013

I.D. NUMBER

1355715

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

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

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.