

Statement of Organization Recipient Committee

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

_____/_____/_____
Date qualified as committee
(If applicable)

Termination – See Part 5
List I.D. number:

1352570

04 / 15 / 2013
Date of Termination

COLERK 13APR17AM 11:19	Date Stamp	CALIFORNIA FORM 410 For Official Use Only

1. Committee Information

NAME OF COMMITTEE

DAVID DOBSON FOR BURBANK USD TRUSTEE 2013

STREET ADDRESS (NO P.O. BOX)

1812 W. BURBANK BLVD., #374

CITY STATE ZIP CODE AREA CODE/PHONE

BURBANK, CA 91506 818-439-0720

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

DAVID DOBSON

STREET ADDRESS (NO P.O. BOX)

1812 W. BURBANK BLVD., #374

CITY STATE ZIP CODE AREA CODE/PHONE

BURBANK, CA 91506 818-439-0720

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

DAVID DOBSON

NAME OF PRINCIPAL OFFICER(S)

1812 W. BURBANK BLVD., #374

STREET ADDRESS (NO P.O. BOX)

BURBANK, CA 91506 818-439-0720

CITY STATE ZIP CODE AREA CODE/PHONE

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 4/15/13 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 4/15/13 By [Signature]
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