

**Statement of Organization  
Recipient Committee**

BBK City Clerk 09:23:20 PM 04/25

Date Stamp

**CALIFORNIA  
FORM 410**

For Official Use Only

**Statement Type**

Initial

Amendment

Termination – See Part 5

Not yet qualified

or

Date qualified as committee

10 / 12 / 2019  
Date qualified as committee

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date of termination

**1. Committee Information**

**I.D. Number**  
(if applicable)

1419922

**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE

Burbank Tenants Rights Committee in support of Measure RC

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Burbank CA 91506

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

Burbank

NAME OF TREASURER

David Dobson

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Burbank CA 91506

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Gloria Kelly

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Burbank CA 91504

Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

I have used all reasonable diligence in preparing this statement and I acknowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information is correct.

Executed on 9/19/2020  
DATE

Executed on 9/19/2020  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

\_\_\_\_\_  
TREASURER OR ASSISTANT TREASURER

\_\_\_\_\_  
OLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Burbank Tenants Rights Committee in support of Measure RC

I.D. NUMBER

1419922

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

|                                      |                                   |                                       |
|--------------------------------------|-----------------------------------|---------------------------------------|
| NAME OF FINANCIAL INSTITUTION<br>Ume | AREA CODE/PHONE<br>(818) 238-2900 | BANK ACCOUNT NUMBER<br>20000005646702 |
| ADDRESS<br>3000 W Magnolia Blvd      | CITY<br>Burbank                   | STATE<br>CA                           |
|                                      |                                   | ZIP CODE<br>91505                     |

**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." Stating "No party preference" is acceptable.
- 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<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF<br>ELECTION | CHECK ONE   |          | PARTY<br>(list political party below) |
|--|---|---------------------|-------------|----------|---------------------------------------|
|  |   |                     | Nonpartisan | Partisan |                                       |
|  |   |                     | Nonpartisan | Partisan | (list political party below)          |
|  |   |                     | Nonpartisan | Partisan | (list political party below)          |

**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)<br>IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE                           |                          |
|---|--|-------------------------------------|--------------------------|
|   |  | SUPPORT                             | OPPOSE                   |
| 2020 Burbank Just Cause Eviction and Rent Regulation Measure : RC   | Burbank, CA  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   |  | SUPPORT                             | OPPOSE                   |

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Burbank Tenants Rights Committee in support of Measure RC

I.D. NUMBER

1419922

**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  Political Party/Central 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

AREA CODE/PHONE

**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.

**Additional Comments  
For Form 410**

ADDITIONAL COMMENTS

**CALIFORNIA  
FORM 410**

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**COMMITTEE NAME**

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**I.D. NUMBER**

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This amendment corrects the amendment made in April, which omitted listing a Principal Officer: at that time the Principal Officer and the Treasurer were the same person.

In addition to that correction, we now amend the name of the committee to include "in support of Measure RC" plus we are adding a Principal Officer who is not the Treasurer (and removing the Treasurer as a Principal Officer.)