Statement of Organization
Recipient Committee

Statement Type

☐ **Initial** — Not yet qualified ☒ or

☐ **Amendment** — List I.D. number: #

☐ **Termination – See Part 5** — List I.D. number: #

Date qualified as committee ___/___/___

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

Date of Termination ___/___/___

Date Stamp

CLERK '15 JAN 27 PM 4:

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE: Sharon Springer for Burbank City Council 2015

STREET ADDRESS (NO P.O. BOX): 1145 E. Tujunga Avenue

CITY: Burbank | STATE: CA | ZIP CODE: 91501 | AREA CODE/PHONE: (818) 388-8483

MAILING ADDRESS (IF DIFFERENT):

FAX / E-MAIL ADDRESS: SharonSpringer2015@gmail.com

COUNTY OF DOMICILE: Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE: Burbank

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Sharon A. Springer

STREET ADDRESS (NO P.O. BOX): 1145 E. Tujunga Avenue

CITY: Burbank | STATE: CA | ZIP CODE: 91501 | AREA CODE/PHONE: (818) 388-8483

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

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 12/03/14 (DATE) By ___ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on 12/03/14 (DATE) By ___ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR 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)

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME: Sharon Springer for Burbank City Council 2015

I.D. NUMBER:

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Burbank City Federal Credit Union	800-622-3328	44254

ADDRESS	CITY	STATE	ZIP CODE
1800 West Magnolia Boulevard	Burbank	CA	91506

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
Sharon A. Springer	Burbank City Council	2015	☒ Nonpartisan
			☐ 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	CHECK ONE: OPPOSE
		☐	☐
		☐	☐