

# Candidate Intention Statement

CLERK '20MAY12PM 1199	Date Stamp	<b>CALIFORNIA FORM 501</b> For Official Use Only

Check One:  Initial  Amendment (Explain) \_\_\_\_\_  
 \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Michael Lee Gogin		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) ( )	EMAIL (optional)
STREET ADDRESS		CITY Burbank	STATE CA	ZIP CODE 91506
OFFICE SOUGHT (POSITION TITLE) Burbank City Council	AGENCY NAME	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
OFFICE JURISDICTION		(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		2020 (Year of Election)	<input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF	

## 2. State Candidate Expenditure Limit Statement:

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

*(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 Sta

id correct.

Executed on May 5th, 2020  
 (month, day, year)

Signature \_\_\_\_\_

**Clear Page**

**Print**