

BK city clerk 07:30:20PM 02/31

Statement of Organization
Recipient Committee

Date Stamp

CALIFORNIA
FORM 410

For Official Use Only

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input checked="" type="radio"/> Not yet qualified or	Date qualification threshold met	Date of termination
<input type="radio"/> Date qualification threshold met	_____ / _____ / _____	_____ / _____ / _____

1. Committee Information				I.D. Number <i>(if applicable)</i>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Lindsey Francois for Burbank City Treasurer 2020				NAME OF TREASURER Lindsey Francois				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Burbank	STATE CA	ZIP CODE 91505	AREA CODE/PHONE [REDACTED]			NAME OF ASSISTANT TREASURER, IF ANY	
CITY Burbank	STATE CA	ZIP CODE 91505	AREA CODE/PHONE [REDACTED]			STREET ADDRESS (NO P.O. BOX)					
FULL MAILING ADDRESS (IF DIFFERENT)				CITY STATE ZIP CODE AREA CODE/PHONE							
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				NAME OF PRINCIPAL OFFICER(S)							
COUNTY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE Burbank, CA		STREET ADDRESS (NO P.O. BOX)							
Attach additional information on appropriately labeled continuation sheets.				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 information is true and correct.

Executed on 7/24/2020 By Lindsey Francois [REDACTED] Digitally signed by Lindsey Francois
Date: 2020.07.24 14:19:33 -07'00'

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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I.D. NUMBER

COMMITTEE NAME Lindsey Francois for Burbank City Treasurer 2020
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All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION UMe Federal Credit Union	AREA CODE/PHONE (818) 238-2900	BANK ACCOUNT NUMBER 20000007187202
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ADDRESS 3000 W Magnolia Blvd	CITY Burbank	STATE CA	ZIP CODE 91505
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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 (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
Lindsey Francois	Burbank City Treasurer 2020	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No party preference
			<input type="checkbox"/>	<input type="checkbox"/>	(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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

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I.D. NUMBER

COMMITTEE NAME
Lindsey Francois for Burbank City Treasurer 2020

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	AREA CODE/PHONE

Small Contributor Committee _____ / _____ / _____
Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent 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.