

**Officeholder and Candidate  
Campaign Statement –  
Short Form**

www.cityclerk 08-05-20PM03:43  
Date Stamp

**CALIFORNIA  
FORM 470**

For Official Use Only

<p>Date of election if applicable: (Month, Day, Year)</p> <p><u>11/03/2020</u></p>	<p><input checked="" type="checkbox"/> <b>Amendment</b> (Explain Below)</p> <p><u>replaces Form 460</u> <u>filed 7/29/2020</u></p>
--	--

1. Statement Covers Calendar Year 20 20 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

MICHAEL LEE GOGIN

STREET ADDRESS

CITY  
BURBANK

STATE ZIP CODE  
CA 91506

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

CITY COUNCIL SEAT

JURISDICTION (LOCATION)

BURBANK, CA

DISTRICT NUMBER  
(IF APPLICABLE)

**4. Committee Information**

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<p>MICHAEL LEE GOGIN CAMPAIGN FOR BURBANK CITY COUNCIL 2020 <u># 1427068</u></p>	<p><u>BURBANK, CA 91506</u></p>	<p><u>DEBRA LOCKETT</u></p>

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Executed on August 7, 2020  
DATE

By \_\_\_\_\_

**Officeholder and Candidate  
Campaign Statement  
Form 470 Supplement**

<input checked="" type="checkbox"/> <b>Amendment</b> (Explain Below) <u>Amends Form 470</u> <u>replacement to 460</u>
---

Date Stamp
This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

<b>CALIFORNIA</b> <b>FORM</b> <span style="font-size: 2em; font-weight: bold;">470</span> <b>SUPPLEMENT</b>
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

**1. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

MICHAEL LEE GOGIN

STREET ADDRESS

[REDACTED]

CITY

BURBANK

STATE

CA

ZIP CODE

91506

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

**2. Office Sought**

OFFICE SOUGHT

CITY COUNCIL SEAT

DISTRICT NUMBER

(IF APPLICABLE)  
BURBANK

DATE OF ELECTION (MONTH, DAY, YEAR)

11/03/2020

**3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made**

7/31/2020

(MONTH, DAY, YEAR)