

**Statement of Organization
Recipient Committee**

Date Stamp	CALIFORNIA FORM 410
	For Official Use Only

Statement Type: Initial Amendment Termination – See Part 5

Not yet qualified or Date qualification threshold met

Date qualification threshold met: 07 / 31 / 2020

Date of termination: _____ / _____ / _____

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE MICHAEL LEE GOGIN CAMPAIGN FOR BURBANK CITY COUNCIL 2020				NAME OF TREASURER DEBRA LOCKETT			
I.D. Number (if applicable) 1427068				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY BURBANK	STATE CA	ZIP CODE 91506	AREA CODE/PHONE [REDACTED]
CITY BURBANK	STATE CA	ZIP CODE 91506	AREA CODE/PHONE [REDACTED]	NAME OF ASSISTANT TREASURER, IF ANY N/A			
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE LOS ANGELES	JURISDICTION WHERE COMMITTEE IS ACTIVE BURBANK			NAME OF PRINCIPAL OFFICER(S) MICHAEL LEE GOGIN			
<i>Attach additional information on appropriately labeled continuation sheets.</i>				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
				CITY BURBANK	STATE CA	ZIP CODE 91506	AREA CODE/PHONE [REDACTED]
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 provided is true and correct.

Executed on 8/4/2020 By [REDACTED]

Executed on 8-4-2020 By [REDACTED]

Executed on _____ By [REDACTED]

Executed on _____ By _____

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COMMITTEE NAME MICHAEL LEE GOGIN CAMPAIGN FOR BURBANK CITY COUNCIL 2020	I.D. NUMBER 1427068
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION WELLS FARGO BANK	AREA CODE/PHONE 818-841-6550	BANK ACCOUNT NUMBER 1108647643
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ADDRESS 900 N. SAN FERNANCO ROAD	CITY BURBANK	STATE CA	ZIP CODE 91504
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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		
MICHAEL LEE GOGIN	BURBANK CITY COUNCIL	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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COMMITTEE NAME

MICHAEL LEE GOGIN CAMPAIGN FOR BURBANK CITY COUNCIL 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

COMMITTEE TO SUPPORT CANDIDATE FOR AN ELECTED BURBANK CITY COUNCIL MEMBER SEAT NOVEMBR 2020

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR
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STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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.