

**Statement of Organization  
Recipient Committee**

BBK City Clerk 10-28-20PM0504

Date Stamp	CALIFORNIA FORM 410
For Official Use Only	

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input checked="" type="radio"/> Date qualification threshold met	<input checked="" type="checkbox"/> Amendment Date qualification threshold met 8 / 26 / 2029	<input type="checkbox"/> Termination – See Part 5 Date of termination ____ / ____ / ____
--	--	--

1. Committee Information	2. Treasurer and Other Principal Officers
I.D. Number 1426875 <small>(if applicable)</small>	
NAME OF COMMITTEE <b>Committee to elect Tim Murphy to Burbank City Council</b>	NAME OF TREASURER <b>Mickey DePalo</b>
STREET ADDRESS (NO P.O. BOX) [REDACTED]	STREET ADDRESS (NO P.O. BOX) [REDACTED]
CITY <b>Burbank</b>	CITY <b>Burbank, CA</b>
STATE <b>CA</b>	STATE <b>CA</b>
ZIP CODE <b>91506</b>	ZIP CODE <b>91501</b>
AREA CODE/PHONE [REDACTED]	AREA CODE/PHONE [REDACTED]
NAME OF ASSISTANT TREASURER, IF ANY	
FULL MAILING ADDRESS (IF DIFFERENT)	STREET ADDRESS (NO P.O. BOX)
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]	CITY
CITY OF DOMICILE <b>Los Angeles</b>	STATE
JURISDICTION WHERE COMMITTEE IS ACTIVE <b>City of Burbank, CA</b>	ZIP CODE
	AREA CODE/PHONE
	NAME OF PRINCIPAL OFFICER(S) <b>Marsha Ramos</b>
	STREET ADDRESS (NO P.O. BOX) [REDACTED]
	CITY <b>Burbank</b>
	STATE <b>CA</b>
	ZIP CODE <b>91505</b>
	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 foregoing is true and correct.

Executed on	10/18/20	By	[REDACTED]	
	DATE			TREASURER
Executed on	10/18/20	By	[REDACTED]	
	DATE			STATE MEASURE PROPONENT
Executed on		By		
	DATE			SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on		By		
	DATE			SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME <b>Committee to elect Tim Murphy</b>	I.D. NUMBER <b>1426875</b>
--	-------------------------------

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

NAME OF FINANCIAL INSTITUTION <b>US Bank</b>	AREA CODE/PHONE <b>818 505-6700</b>	BANK ACCOUNT NUMBER <b>15752157986</b>
---	--	---

ADDRESS <b>10100 Riverside Dr. Toluca lake, CA 91602-2560</b>	CITY	STATE	ZIP CODE
--	------	-------	----------

**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		
<b>Timothy M. Murphy</b>	<b>Burbank City Council</b>	<b>2020</b>	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below) <b>democrat</b>
			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	
<b>Timothy M. Murphy</b>	<b>City Council of Burbank</b>	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

COMMITTEE NAME

Committee to elect Tim Murphy to Burbank City Council

Page 3

I.D. NUMBER

1426875

**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

help elect our candidate to Burbank City Council

*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.