

**Statement of Organization
Recipient Committee**

BBK City Clerk 01-26-21AM11:48

Date Stamp

**CALIFORNIA
FORM 410**

For Official Use Only

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	01 / 22 / 2021

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 1426450 <small>(if applicable)</small>				NAME OF TREASURER			
NAME OF COMMITTEE Friends of Linda Bessin for Burbank City Council 2020				John M. Echeto			
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]	CITY Burbank	STATE CA	ZIP CODE 91504	AREA CODE/PHONE [REDACTED]
NAME OF ASSISTANT TREASURER, IF ANY				NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED] Burbank, CA 91506				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				CITY			
COUNTY OF DOMICILE Los Angeles County				JURISDICTION WHERE COMMITTEE IS ACTIVE Burbank, CA			
NAME OF PRINCIPAL OFFICER(S) Linda Bessin				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Burbank				STATE CA			
ZIP CODE 91505				AREA CODE/PHONE [REDACTED]			
<i>Attach additional information on appropriately labeled continuation sheets.</i>							

3. Verification

I have used all reasonable diligence in preparing this statement and I certify that 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 contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete.

Executed on	<u>01/22/2021</u>	By	[REDACTED]
	DATE		
Executed on	<u>01/22/2021</u>	By	[REDACTED]
	DATE		
Executed on	_____	By	_____
	DATE		
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 Friends of Linda Bessin for Burbank City Council 2020	I.D. NUMBER 1426450
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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 20000006860501 / 20000006860502		
ADDRESS 3000W. Magnolia Blvd.	CITY Burbank	STATE CA	ZIP CODE 91505	

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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Linda Bessin	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"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410
Page 3
I.D. NUMBER 1426450

COMMITTEE NAME

Friends of Linda Bessin 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

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.