

Rejected: _____
 Returned: DAF / 11-19-19

**Statement of Organization
 Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination - See Part 5 Date of termination _____/_____/_____
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Date Stamp
RECEIVED
 State office of the Secretary of State
 of the State of California
 NOV 18 2019
CALIFORNIA FORM 410
 For Official Use Only
 2019 NOV 27 P 4:00
 CITY OF MONTEREY PARK

1. Committee Information **I.D. Number** (If applicable) **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
 Gin for City Council 2020

STREET ADDRESS (NO P.O. BOX)
 1400 Pebble Hurst St.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Monterey Park	CA	91754	323-265-2830

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
 rlg68@gmail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles	Monterey Park

NAME OF TREASURER
 Robert Gin

STREET ADDRESS (NO P.O. BOX)
 1400 Pebble Hurst St.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Monterey Park	CA	91754	323-265-2830

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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Attach additional information on appropriately labeled continuation sheets.

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 11/22/19 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 11/15/19 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR 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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Com for City Council 2020

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS	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		(list political party below)
			Nonpartisan	Partisan	
<i>Robert Chin</i>	<i>City Council District 2</i>	<i>2020</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Democrat</i>
			<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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>