

**Statement of Organization  
Recipient Committee**

Statement Type

Initial  
 Not yet qualified or  
 Date qualification threshold met  
 Date qualification threshold met 12/27/19

Amendment  
 Date qualification threshold met 12/27/19

Termination - See Part 5  
 Date of termination \_\_\_\_\_

RECEIVED BY  
LOS ANGELES COUNTY  
2020 JAN 14 PM 3:42  
CAMPAIGN FINANCE

Date Stamp  
CITY CLERK OFFICE  
2019 DEC 30 A 11:45  
CITY OF MONTEREY PARK

CALIFORNIA FORM 410  
For Official Use Only  
in the office of the Secretary of State of the State of California  
JAN 15 2020  
012759  
\*C11247

<b>1. Committee Information</b>		<b>I.D. Number</b> (if applicable) 1422975	<b>2. Treasurer and Other Principal Officers</b>	
NAME OF COMMITTEE Gin for City Council 2020		NAME OF TREASURER Robert L. Gin		
STREET ADDRESS (NO P.O. BOX) 1400 Pebble Hurst St.		STREET ADDRESS (NO P.O. BOX) 1400 Pebble Hurst St.		
CITY Monterey Park	STATE CA	ZIP CODE 91754	AREA CODE/PHONE 323/265-2830	
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY		
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		STREET ADDRESS (NO P.O. BOX)		
CITY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE Monterey Park		
		NAME OF PRINCIPAL OFFICER(S)		
		STREET ADDRESS (NO P.O. BOX)		
		CITY STATE ZIP CODE AREA CODE/PHONE		

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 12/30/19 By Robert L. Gin  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/31/19 By Robert L. Gin  
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

dc

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1422975

COMMITTEE NAME  
Gin for City Council 2020

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

NAME OF FINANCIAL INSTITUTION Bank of the West	AREA CODE/PHONE (626) 943 - 2660	BANK ACCOUNT NUMBER 061844809	
ADDRESS 331 N. Atlantic Blvd.	CITY Monterey Park	STATE CA	ZIP CODE 91754

**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	
Robert L. Gin	City Council District 2	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Democrat
			<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
Robert L. Gin	City Council District 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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COMMITTEE NAME  
Gin for 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  
Support Robert "Bob" Gin for City Council District 2

**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 proponent 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.