

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met _____/_____/_____
 Amendment
 Date qualification threshold met _____/_____/_____
 Termination - See Part 5
 Date of termination 2020 OCT 20 11:37
6 30 2020
 CITY CLERK OFFICE
 CITY OF MONTEREY PARK

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
JUL 03 2020

CALIFORNIA FORM 410
 For Official Use Only
LOS ANGELES COUNTY
 2020 JUL 17 PM 1:50
 CAMPAIGN FINANCE

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

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 6/29/2020 By *Robert A. Gin*
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 6/29/2020 By *Robert A. 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