

**Statement of Organization
Recipient Committee**

Statement Type


<input 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 checked="" type="checkbox"/> Termination – See Part 5 Date of termination 6 / 30 / 2020
---	--	--


Date Stamp CITY CLERK OFFICE 2020 JUL 13 A 10:57 CITY OF MONTEREY PARK	CALIFORNIA FORM 410 For Official Use Only
--	---

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 1422975 <small>(if applicable)</small>				NAME OF TREASURER Robert Gin			
NAME OF COMMITTEE Gin for City Council 2020				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	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  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 6/29/2020 By  SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT