

# Recipient Committee Campaign Statement Cover Page

**CALIFORNIA FORM 460**

 Page 1 of 3

For Official Use Only

Statement covers period from <u>9/24/22</u> through <u>10/22/22</u>	Date of election if applicable: (Month, Day, Year) <u>11/08/22</u> 2022 NOV 10 PM 3:16 RECEIVED BY SACRAMENTO COUNTY CAMPAIGN FINANCE	Date Stamp RECEIVED BY SACRAMENTO COUNTY CAMPAIGN FINANCE
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SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee  
 State Candidate Election Committee  
 Recall  
(Also Complete Part 5)  
 General Purpose Committee  
 Sponsored  
 Small Contributor Committee  
 Political Party/Central Committee

- Primarily Formed Ballot Measure Committee  
 Controlled  
 Sponsored  
(Also Complete Part 6)  
 Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

**2. Type of Statement:**

- Preelection Statement  
 Semi-annual Statement  
 Termination Statement  
(Also file a Form 410 Termination)  
 Amendment (Explain below)
- Quarterly Statement  
 Special Odd-Year Report

Expenditure error. Failed to add filing fee to accrued expense

**3. Committee Information**

 I.D. NUMBER  
1450797
**Treasurer(s)**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Bob Gin for Alhambra Unified School District 2022 Board of Education District 4

NAME OF TREASURER

Robert Gin

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Monterey Park
CA
9175
323/265-2830

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Monterey Park
CA
91754
323/265-2830

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge and belief, the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true.

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge and belief, the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true.

 Executed on 11/08/22  
 Date

By \_\_\_\_\_

Treasurer or Assistant Treasurer

 Executed on 11/08/22  
 Date

By \_\_\_\_\_

Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

 Executed on \_\_\_\_\_  
 Date

By \_\_\_\_\_

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

 Executed on \_\_\_\_\_  
 Date

By \_\_\_\_\_

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**Robert Gin**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**Alhambra Unified School District Board of Education District 4**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**Monterey Pa CA 91754**

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>9/24/22</u> through <u>10/22/22</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>3</u>
	I.D. NUMBER 1450797

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bob Gin for Alhambra Unified School District 2022 Board of Education District 4

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... <i>Schedule A, Line 3</i>	\$ <u>10,288</u>	\$ <u>10,288</u>
2. Loans Received..... <i>Schedule B, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ <u>10,288</u>	\$ <u>10,288</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ <u>10,288</u>	\$ <u>10,288</u>

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

## Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... <i>Schedule E, Line 4</i>	\$ <u>0</u>	\$ <u>0</u>
7. Loans Made..... <i>Schedule H, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ <u>0</u>	\$ <u>0</u>
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	\$ <u>7782</u>	\$ <u>7782</u>
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>7782</u>	\$ <u>7782</u>

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>	\$ <u>0</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	\$ <u>10,288</u>
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	\$ <u>0</u>
15. Cash Payments..... <i>Column A, Line 8 above</i>	\$ <u>0</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>10,288</u>

*If this is a termination statement, Line 16 must be zero.*

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>	\$ <u>0</u>
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>7782</u>