01/23/2013 20 : 30

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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		For An	Authoriz	ed Com	mittee			Office Use Only
1. NAME OF COMMITTEE (in	full)	TYPE OR PRIN	IT ▼		ample: If typin er the lines.	g, type	12FE4M5	
MIKE GIN FOI	R CONG	RESS		1 1 1				
ADDRESS (number ar	nd street)	518 CLUSTE	R LANE					
_	•							
Check if dif than previous reported. (A	usly	REDONDO E	BEACH				CA _	90278
2. FEC IDENTIFIC	CATION NU	JMBER ▼		CITY			STATE	ZIP CODE
C C0049367	76		3. IS RE	THIS	× NEW (N)	OR	AMENE (A)	STATE ▼ DISTRICT DED CA 36 L L 1
	eports:	Report (Q1)	(b) 12-	Day PRE	-Election Repo Primary (12P) Convention ()	General (1	
Octobe	Quarterly R	eport (Q2) ly Report (Q3)	Ele	ection on	M M /	D D	Y Y Y Y	in the State of
X January	/ 31 Year-En	d Report (YE)	(c) 30-	Day POS	T -Election Rep	ort for the	:	
					General (30G)	Runoff (30	OR) Special (30S)
Termina	ition Report	(TER)	Ele	ection on	M M /	D D /	Y	in the State of
5. Covering Period	M 10	M / 01	/ Y Y 201		through	M 12	31	Y Y Y Y Y 2012
I certify that I have e	examined thi	is Report and t	o the best	of my kn	owledge and i	belief it is i	true, correct and	d complete.
Type or Print Name	of Treasurer	FLORA YIN						
Signature of Treasure	er <u>FLO</u>	RA YIN			[Electronically 1	Filed]	Date 01	/ D D / Y Y Y Y Y Y Y 2013
NOTE: Submission of	false, errone	ous, or incomp	lete informa	ation may	subject the per	son signing	this Report to t	he penalties of 2 U.S.C. §437g.
Office Use Only								FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 11

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

MIKE GIN FOR CONGRESS

R	eport	t Covering the Period: From:	10 01 / Y Y Y Y Y Y Y TO:	12 / 31 / 2012
			COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net	Contributions (other than loans)		
	(a)	Total Contributions (other than loans) (from Line 11(e))	0.00	132183.65
	(b)	Total Contribution Refunds (from Line 20(d))	0.00	785.00
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	131398.65
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	0.00	166793.00
	(b)	Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	166793.00
8.		sh on Hand at Close of porting Period (from Line 27)	0.00	
9.	the	ots and Obligations Owed TO Committee (Itemize all on a sedule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed BY Committee (Itemize all on ledule C and/or Schedule D)	35457.51	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 12/2003) of Receipts PAGE 3 / 11

Write or Type Committee Name

MIKE GIN FOR CONGRESS

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. C	ONTRIBUTIONS (other than loans) FROM:		
(a)	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	0.00	130125.45
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL of contributions from individuals	0.00	130125.45
(b)		0.00	0.00
(0)	(such as PACs)	0.00	1750.00
(d) (e)	·	0.00	308.20
	(add Lines 11(a)(iii), (b), (c), and (d))	0.00	132183.65
	RANSFERS FROM OTHER JTHORIZED COMMITTEES	0.00	0.00
3. LC	DANS: Made or Guaranteed by the		
(α)	Candidate	0.00	32500.00
(b)		0.00	0.00
(0)	(add Lines 13(a) and (b))	0.00	32500.00
Ελ	FFSETS TO OPERATING (PENDITURES	0.00	0.00
(R	efunds, Rebates, etc.)	9	0.00
	THER RECEIPTS ividends, Interest, etc.)	0.00	5768.87
11	OTAL RECEIPTS (add Lines (e), 12, 13(c), 14, and 15) arry Total to Line 24, page 4)	0.00	170452.52

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 11

		II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPI	ERATING EXPENDITURES	0.00	166793.00
18.		ANSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00
19.	LO	AN REPAYMENTS:		
	(a)	Of Loans Made or Guaranteed by the Candidate	0.00	2874.52
	(b)	Of All Other Loans	0.00	0.00
	(c)	TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	2874.52
20.	REF	FUNDS OF CONTRIBUTIONS TO:		
	(a)	Individuals/Persons Other Than Political Committees	0.00	785.00
			200	200
	(b)	Political Party Committees Other Political Committees	0.00	0.00
	(0)	(such as PACs)	0.00	0.00
	(d)	TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	785.00
21.	ОТІ	HER DISBURSEMENTS	0.00	0.00
22.		TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21)	0.00	170452.52
		III. CASH SU	IMMARY	
23.	CAS	SH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	0.00
24	то	TAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
25.	SUI	BTOTAL (add Line 23 and Line 24)		0.00
26.	TO	TAL DISBURSEMENTS THIS PERIOD (froi	m Line 22)	0.00
	CAS	SH ON HAND AT CLOSE OF REPORTING		0.00

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

DANS			Detailed Summary Pa		(check only or	, L	13a X 13b
AME OF COMMITTEE (In Full)			Transa	ction I	D : PAYC131		
MIKE GIN FOR CONGRESS							
LOAN SOURCE Full Name (Last, F	irst, Middle Initi	al)		Elec	ction: 2011		
MIKE GIN					Primary General		
Mailing Address						•	
518 CLUSTER LANE					(-		
City	State	ZIP Cod	e				
REDONDO BEACH	CA	90278					
Original Amount of Loan	Cumu	lative Payment To I	Date Ba	lance (Outstanding at C	lose of Th	his Peri
10000.	00		374.52	-		9625	5 48
10000.		, ,	0.1.02	-	1	3020	J. 10
TERMS Date Incurred		Date Due	Interest Ra	te		Secured:	:
M 03 M / D 31 D / Y Ž011	Y M M	/ D D / Y12/	31/2011 ° 0.0	00	24		∇
				-	% (apr)	Yes	N
List All Endorsers or Guarantors (i		Source					
1. Full Name (Last, First, Middle In	itial)		Name of Employer				
Mailing Address			Occupation				
			Amount				
City	State ZIP (Code	Guaranteed				
			Outstanding:	,	, , , , , , , , , , , , , , , , , , , ,		
2. Full Name (Last, First, Middle Init	ial)		Name of Employer				
Mailing Address			Occupation				
			Amount	-			7
City	State ZIP (Code	Guaranteed Outstanding:	7	7		
3. Full Name (Last, First, Middle Init	ial)		Name of Employer				
Mailing Address			Occupation				
		-	Amount	_			_
City	State ZIP (Code	Guaranteed Outstanding:	7			
4. Full Name (Last, First, Middle Init	ial)		Name of Employer				
·	,		Traine of Employer				
Mailing Address			Occupation				
			Amount	_			7
City	State ZIP (Code	Guaranteed Outstanding:	7	7		
SUBTOTALS This Period This Page (o	otional)			-		9625	5.48
OTALS This Period (last page in this	line only)				7 7		
Carry outstanding balance only to LIN	F 3 Schedule D	for this line If n	o Schedule D. carry for	ward	to annronriate l	ine of Su	mmanı

1mage# 13960463181 PAGE 6 / 11

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: SC/10 Transaction ID: PAYC131

PERSONAL FUNDS

Form/Schedule: Transaction ID:

SCHEDULE C (FEC Form 3)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

	13a
×	13b

DANS			Detailed Summary F		check only on	,	13a X 13b
AME OF COMMITTEE (In Full)			Trans	saction ID	: PAYC345		7 102
MIKE GIN FOR CONGRESS	3						
LOAN SOURCE Full Name (Last, MIKE GIN	First, Middle Initial)				on: 2011 rimary eneral		
Mailing Address 518 CLUSTER LANE				X o	ther (specify)	▼	
City	State	ZIP Code)				
REDONDO BEACH	CA	90278					
Original Amount of Loan	Cumulative	Payment To D	ate B	alance Out	tstanding at C	lose of T	his Period
10000	0.00	,	0.00		, , ,	10000	0.00
Date Incurred M 04 / D 13 / Y 2011	Y M M / D	Date Due	Interest R	ate .00	% (apr)	Secured	\times
List All Endorsers or Guarantors	(if any) to Loan Sou	rce				100	110
1. Full Name (Last, First, Middle I	nitial)		Name of Employer				
Mailing Address		-	Occupation				
City	State ZIP Code	,	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle In	itial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP Code	,	Amount Guaranteed Outstanding:	,	- 7		
3. Full Name (Last, First, Middle In	itial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP Code	,	Amount Guaranteed Outstanding:	- 7			
4. Full Name (Last, First, Middle In	itial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP Code	,	Amount Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional)		·····		,	10000	0.00
TOTALS This Period (last page in this	line only)		·····				
Carry outstanding balance only to LII	NE 3. Schedule D. for	this line. If no	Schedule D. carry fo	orward to	appropriate I	ine of Su	ımmarv.

1mage# 13960463183 PAGE 8 / 11

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: SC/10 Transaction ID: PAYC345

PERSONAL FUNDS

Form/Schedule: Transaction ID:

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

	13a
Y	13h

JANS .		Detailed Summary Page Crieck Only One) 13a
AME OF COMMITTEE (In Full) MIKE GIN FOR CONGRESS	}	Transaction ID : PAYC413
LOAN SOURCE Full Name (Last, I MIKE GIN	irst, Middle Initial)	Election: 2011 Primary General
Mailing Address 518 CLUSTER LANE		X Other (specify) ▼
City	State ZIF	P Code
REDONDO BEACH	CA 90	0278
Original Amount of Loan	Cumulative Paymer	nt To Date Balance Outstanding at Close of This Period
10000	00	0.00 10000.00
Date Incurred MO5 / DO9 / Y 2011	Date	Due Interest Rate Secured:
		% (apr) Yes N
List All Endorsers or Guarantors (1. Full Name (Last, First, Middle Ir		Name of Employer
Mailing Address		Occupation
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Ini	ial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Ini	ial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Ini	ial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This Page (o	otional)	10000.00
OTALS This Period (last page in this	line only)	29625.48
	E 3, Schedule D, for this line	e. If no Schedule D, carry forward to appropriate line of Summary.

1mage# 13960463185 PAGE 10 / 11

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHz G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: SC/10 Transaction ID: PAYC413

PERSONAL FUNDS

Form/Schedule: Transaction ID:

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 11 OF
FOR LINE NUMBER:
(check only one)

	9
$\overline{\mathbf{x}}$	10

11

NAME OF COMMITTEE (In Full)

M	IIKE GIN FOR CONGF	RESS			
4	A. Full Name (Last, First, Middle Initial) of Debtor MIKE GIN	or Creditor			Nature of Debt (Purpose): REIMBURSEMENT FOR CANDIDATE STATEMENT FEE
Ī	Mailing Address 518 CLUSTER LANE				
+	City State	Zip Code			
L	REDONDO BEACH	CA	90278		
	Outstanding Balance Beginning This Period				Transaction ID : PAYD118
	5832.03				
	Amount Incurred This Period	Payme	ent This Period		Outstanding Balance at Close of This Period
	0.00		7	0.00	5832.03
h	B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor			Nature of Debt (Purpose):
Ī	Mailing Address				
-	City State	Zip Code			
	Outstanding Balance Beginning This Period				
	Amount Incurred This Period	Payme	ent This Period		Outstanding Balance at Close of This Period
	7 7	7	-		7 7 7
[C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Nature of Debt (Purpose):
Ī	Mailing Address				
(City	State	Zip Code		
-					
	Outstanding Balance Beginning This Period				
	9 9 9 9				
	Amount Incurred This Period	Payme	ent This Period		Outstanding Balance at Close of This Period
		7		w	
1)	SUBTOTALS This Period This Page (optional)				5832.03
21	TOTALS This Period (last page this line number o	only)			5832.03
_					29625.48
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page only)		>	29020.48
4)	ADD 2) and 3) and carry forward to appropriate li	ine of Summary	Page (last page	e only)	35457.51