

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

MIKE GIN FOR CONGRESS

ADDRESS (number and street) 518 CLUSTER LANE

Check if different than previously reported. (ACC)

REDONDO BEACH CA 90278

2. FEC IDENTIFICATION NUMBER

C C00493676

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

CA 36

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)

Election on 05 / 17 / 2011 in the State of CA

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on 05 / 17 / 2011 in the State of CA

5. Covering Period

01 / 01 / 2012 through 03 / 31 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer FLORA YIN

Signature of Treasurer FLORA YIN

[Electronically Filed]

Date

04 / 13 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Table with 7 columns and 1 row for Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
MIKE GIN FOR CONGRESS

Report Covering the Period: From: / / To: / /

	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)	15.00	166773.00
(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)).....	15.00	166773.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	394.52	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	35832.03	

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
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

MIKE GIN FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	107450.00
(ii) Unitemized.....	0.00	22675.45
(iii) TOTAL of contributions from individuals ▶	0.00	130125.45
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1750.00
(d) The Candidate.....	0.00	308.20
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	132183.65
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	32500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	32500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	5768.87
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	0.00	170452.52

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15.00	166773.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	2500.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	2500.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	785.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	785.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	15.00	170058.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	409.52
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	409.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	394.52

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 12			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MIKE GIN FOR CONGRESS

A. CLICK & PLEDGE

Full Name (Last, First, Middle Initial)
Mailing Address 2200 KRAFT DRIVE, SUITE 1175

City BLACKSBURG State VA Zip Code 24060

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
01 / 10 / 2012

Amount of Each Disbursement this Period
5.00

Transaction ID : EXPB495

Category/Type
001

B. CLICK & PLEDGE

Full Name (Last, First, Middle Initial)
Mailing Address 2200 KRAFT DRIVE, SUITE 1175

City BLACKSBURG State VA Zip Code 24060

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
02 / 10 / 2012

Amount of Each Disbursement this Period
5.00

Transaction ID : EXPB496

Category/Type
001

C. CLICK & PLEDGE

Full Name (Last, First, Middle Initial)
Mailing Address 2200 KRAFT DRIVE, SUITE 1175

City BLACKSBURG State VA Zip Code 24060

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 12 / 2012

Amount of Each Disbursement this Period
5.00

Transaction ID : EXPB497

Category/Type
001

SUBTOTAL of Disbursements This Page (optional)..... 15.00

TOTAL This Period (last page this line number only)..... 15.00

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : PAYC131**
MIKE GIN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) MIKE GIN	Election: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 518 CLUSTER LANE	

City	State	ZIP Code
REDONDO BEACH	CA	90278

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 31 / Y 2011	M M / D D / Y 12/31/2011			0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	10000.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : PAYC131

PERSONAL FUNDS

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **MIKE GIN FOR CONGRESS** Transaction ID : **PAYC345**

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GIN

Election: 2011
 Primary
 General
 Other (specify) ▼

Mailing Address
518 CLUSTER LANE

City State ZIP Code
 REDONDO BEACH CA 90278

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred: M 04 / D 13 / Y 2011
 Date Due: M / D / Y 12/31/2011
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 10000.00

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : PAYC345

PERSONAL FUNDS

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : PAYC413**
MIKE GIN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) MIKE GIN	Election: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 518 CLUSTER LANE	

City	State	ZIP Code
REDONDO BEACH	CA	90278

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	05 / 09 / 2011	12/31/2011	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	10000.00
TOTALS This Period (last page in this line only).....	▶	30000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

MIKE GIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MIKE GIN

Nature of Debt (Purpose):
REIMBURSEMENT FOR CANDIDATE STATEMENT FEE

Mailing Address **518 CLUSTER LANE**

City State Zip Code
REDONDO BEACH CA 90278

Outstanding Balance Beginning This Period

5832.03

Transaction ID : **PAYD118**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5832.03

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) ▶
- 2) **TOTALS** This Period (last page this line number only) ▶
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

	5832.03
	5832.03
	30000.00
	35832.03