

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Statement covers period from 10/18/2020 through 12/31/2020	Date of election if applicable: (Month, Day, Year) 11/03/2020	Date Stamp E-Filed 10/04/2022 10:32:08 Filing ID: 204979493	CALIFORNIA FORM 460 Page <u>1</u> of <u>5</u> For Official Use Only
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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
<small>(Also Complete Part 5)</small> | ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
<small>(Also Complete Part 6)</small> |
| ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee | ☐ Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|--|---|
| ☐ Preelection Statement | ☐ Quarterly Statement |
| ☒ Semi-annual Statement | ☐ Special Odd-Year Report |
| ☐ Termination Statement
(Also file a Form 410 Termination) | ☐ Supplemental Preelection Statement - Attach Form 495 |
| ☐ Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1428757

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Gyi for Culver City Council 2020

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Culver City	CA	90230	(310)945-6087

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Culver City	CA	90230	

OPTIONAL: FAX / E-MAIL ADDRESS

(310)836-3082 / kkggi4culvercity@gmail.com

Treasurer(s)

NAME OF TREASURER

Khin Gyi

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Culver City	CA	90230	(310)945-6087

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

(310)836-3082 / khin.khin.gyi10733@gmail.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge 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 and correct.

Executed on 02/01/2021
Date

Executed on 02/01/2021
Date

Executed on _____
Date

Executed on _____
Date

By Khin Gyi
Signature of Treasurer or Assistant Treasurer

By Khin Gyi
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

See continuation for Part 5a

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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?

☐ YES ☐ 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?

☐ YES ☐ 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

☐ SUPPORT
☐ OPPOSE

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

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

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Recipient Committee
Campaign Statement
Part 5a. Officeholder or Candidate Controlled Committee (continued)

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NAME OF OFFICEHOLDER OR CANDIDATE

Khin Gyi

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member: Culver City

RESIDENTAL/BUSINESS ADDRESS (NO. AND STREET)

CITY

Culver City

STATE

CA

ZIP

90230

NAME OF OFFICEHOLDER OR CANDIDATE

Khin Gyi

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member City Council: Culver City

RESIDENTAL/BUSINESS ADDRESS (NO. AND STREET)

CITY

Culver City

STATE

CA

ZIP

90230

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 10/18/2020 through 12/31/2020	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Gyi for Culver City Council 2020

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 350.00	\$ 780.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 350.00	\$ 780.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 350.00	\$ 780.00

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

6. Payments Made Schedule E, Line 4	\$ 0.00	\$ 6,664.28
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 0.00	\$ 6,664.28
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTALEXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 0.00	\$ 6,664.28

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 Previous Summary Page, Line 16	\$ -6,234.28
13. Cash Receipts Column A, Line 3 above	350.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	0.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ -5,884.28
If this is a termination statement, Line 16 must be zero.	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00

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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00

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

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 10/18/2020
through 12/31/2020

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Gyi for Culver City Council 2020

I.D. NUMBER

1428757

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/18/2020	Scot Kelly Culver City, CA 90230	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Unemployed Unemployed	100.00	200.00	G2020 \$200.00
10/18/2020	Scot Kelly Culver City, CA 90230	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Unemployed Unemployed	100.00	200.00	G2020 \$200.00
10/18/2020	Nancy Niparko Santa Monica, CA 90403	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Pediatric Neurologist Children's Hospital of Los Angeles	100.00	300.00	G2020 \$300.00
10/18/2020	Will Ryan Los Angeles, CA 90046	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Musician Self	50.00	280.00	G2020 \$280.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$				350.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 350.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 350.00

*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee