

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input checked="" type="checkbox"/> Date qualification threshold met 01 / 26 / 2022	<input type="checkbox"/> Amendment Date qualification threshold met ____ / ____ / ____	<input type="checkbox"/> Termination – See Part 5 Date of termination ____ / ____ / ____
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Date Stamp

RECEIVED

FEB 07 2022

Kings County Elections

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information				I.D. Number <small>(if applicable)</small>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Chavez for Supervisor 2022				NAME OF TREASURER Kelly Lawler				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Hilmar		STATE CA		ZIP CODE 95324		AREA CODE/PHONE 209-656-1542	
CITY Stratford		STATE CA		ZIP CODE 93236		AREA CODE/PHONE 559-639-3308		NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED] Stratford, CA 93236				STREET ADDRESS (NO P.O. BOX)				CITY STATE ZIP CODE AREA CODE/PHONE			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) kellylawler@thekalgroup.com				NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Kings		JURISDICTION WHERE COMMITTEE IS ACTIVE		CITY STATE ZIP CODE AREA CODE/PHONE				STREET ADDRESS (NO P.O. BOX)			
<p><i>Attach additional information on appropriately labeled continuation sheets.</i></p>				CITY STATE ZIP CODE AREA CODE/PHONE				STREET ADDRESS (NO P.O. BOX)			

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 2/3/22 By *Kelly Lawler*
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/26/2022 By *Martin Chavez*
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

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COMMITTEE NAME Chavez for Supervisor 2022	I.D. NUMBER
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Tri Counties Bank	AREA CODE/PHONE 209-668-1882	BANK	STATE CA	ZIP CODE 95382
ADDRESS	CITY Turlock			

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Martin Chavez	Kings County Supervisor District 1	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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I.D. NUMBER

COMMITTEE NAME

Chavez for Supervisor 2022

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

____/____/____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.