

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met 4/11/22	Date of termination

Date Stamp RECEIVED APR 11 2022 KINGS COUNTY ELECTIONS	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information	I.D. Number 1446647 <small>(if applicable)</small>	2. Treasurer and Other Principal Officers
NAME OF COMMITTEE Elect Justy Robinson for Kings County District 4 Supervisor 2022		NAME OF TREASURER Theresa Robinson
STREET ADDRESS (NO P.O. BOX) [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]
CITY Hanford	STATE CA	ZIP CODE 93230
AREA CODE/PHONE (559) 816-4646	AREA CODE/PHONE (559) 362-5952	
NAME OF ASSISTANT TREASURER, IF ANY N/A		STREET ADDRESS (NO P.O. BOX) N/A
FULL MAILING ADDRESS (IF DIFFERENT) Same		CITY N/A
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) lets go robinson 2022@gmail.com		STATE N/A
CITY Kings	JURISDICTION WHERE COMMITTEE IS ACTIVE District 4	ZIP CODE N/A
NAME OF PRINCIPAL OFFICER(S) Justy Robinson		AREA CODE/PHONE N/A
STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY Hanford
Attach additional information on appropriately labeled continuation sheets.		STATE CA
		ZIP CODE 93230
		AREA CODE/PHONE (559) 816-4646

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 4/11/2022 By Theresa Robinson
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 4-11-22 By [Signature]
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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INSTRUCTIONS ON REVERSE

COMMITTEE NAME <i>Elect Rusty Robinson for Kings County District 4 Supervisor 2022</i>	I.D. NUMBER <i>1446647</i>
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <i>Bank of Sierra</i>	AREA CODE/PHONE <i>(559) 585-6700</i>	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY [REDACTED]	STATE ZIP CODE [REDACTED]

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		
<i>Rusty Robinson</i>	<i>Supervisor District 4</i>	<i>2022</i>	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