	ecipient Committee ampaign Statement			Date Stamp	CALIFORNIA 160
C	over Page	Statement covers period from	Date of election if applicable (Month, Day, Year) 06/07/2022	RECEIVED PRO 10 3 2012 KINGS COUNTY ELECTIONS	Page of
1.	Type of Recipient Committee: All Commit Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee	ttees - Complete Parts 1, 2, 3, and 4 Primarily Formed Bailot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Terminati Amendment (Explain Below)	Quarterly S Special Odd	
3.	Sponsored Small Contributor Committee Political Party/Central Committee Committee Information	Officeholder Committee (Also Complete Parl 7)	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE	STATE ZIP CODE AREA CODE/PHC 559-639-330	NAME OF TREASURER Kelly Lawier MAILING ADDRESS CITY Hilmar, CA 95324 NAME OF ASSISTANT TREASURER,	STATE IF ANY	ZIP CODE AREA CODE/PHONE 209-656-1542
	CITY Stratford, CA 93266 OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP CODE AREA CODE/PHO	OPTIONAL: FAX / E-MAIL ADDRESS	STATE	ZIP CODE AREA CODE/PHONE
1 .	Verification I have used all reasonable diligence in prepare certify under penalty of perjury under the law Executed on DATE Executed on DATE Executed on DATE Executed on DATE Executed on	By.	rue and correct. Ke Signature of Trea Mar Signature of Controlling Officeholder, Candidate, S	Illy Lawler surer or Assistant Tréasurer tin Chavez	Lex Fillelle Officer of Sponsor
	DATE		Signature of Controlling Officeho	older, Candidate, State Measure Propone	ent

Recipient Committee Campaign Statement Cover Page — Part 2

california 460 form

2/17

Officeholder or Candidate Control	led Commit	tee		6	. Ballot Measure Cor	nmittee			<u></u>
NAME OF OFFICEHOLDER OR CANDIDATE Martin Chavez	<u>-,</u>				NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND D Sought: Board of Supervisors County Kings		IF APPLICA	ABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
County Kings RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATI	E ZIP		Identify the controlling office	eholder, candi	date, or state	measure propo	nent, if any.
	Stratford	CA	93266		NAME OF OFFICEHOLDER, CAR	IDIDATE, OR PI	ROPONENT		
Related Committees Not Included in this not included in this statement that are controlled by you contributions or to make expenditures on behalf of your	or are primarily for	List any o	committees ceive		OFFICE SOUGHT OR HELD			DISTRICT NO. II	FANY
COMMITTEE NAME	I.D.NUMBE	R		7	. Primarily Formed C		List names	of officeholder(s) or candidate(s) for
NAME OF TREASURER	CONTROL				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO					NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE	AREA (CODE/PHONE				<u> </u>		☐ OPPOSE
COMMITTEE NAME	I.D.NUMBE	:R			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROL				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O.BOX)				Attacl	continuation	sheets if nec	essarv	
CITY STATE	ZIP CODE	AREA (CODE/PHONE		Attact	i continuation	Jucco II IICO	cooary	

Campaign Disclosure Statement

Type or print in ink. Amounts may be rounded

Statement covers period CALIFORNIA ACO

SUMMARY PAGE

Summary Fage	to whole dollars.	from	FORM 40U
SEE INSTRUCTIONS ON REVERSE		through	 3 / 17
NAME OF FILER			I.D. NUMBER
Chavez for Supervisor 2022			1444506
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Summary for Candidates h the State Primary and

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 7 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 44005.00 0.00 \$ 44005.00 289.81 44294.81	0.00 \$ 44005.00 289.81	1/1 through 6/30 7/1 to Date 20. Contribution Received \$ 0.00 \$ 0.00 21. Expenditures Made \$ 0.00 \$ 0.00
Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 7 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 13648.72 0.00 \$ 13648.72 0.00 289.81 \$ 13938.53	0.00 \$ 13648.72 0.00 289.81	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$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).	*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$0.00_		FPPC Form 460 JAN/05 FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A Monetary Contributions Received		Amoun	its may be rounded		·	california 460	
SEE INSTRUCTIONS ON REVERSE				through			4 / 17
pervisor 2022							
DATE FULL NAME, MAILING ADDRESS RECEIVED AND ZIP CODE OF CONTRIBUTOR (IE COMMITTEE ALSO ENTER LD. NUMBER)			IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALENDAR YI	EAR	PER ELECTION TO DATE (IF REQUIRED)
	3204	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1500.00	150	0.00	1500.00 P 2
George Bravante Reedley CA 93	8654		Farmer Bravante Produce	1000.00	100	0.00	1000.00 P 2
John Chandler Selma CA 93	3662		Farmer Self Employed - John C Chandler	200.00	20	0.00	200.00 P 2
Los Angeles CA 90	0003	IND COM OTH PTY SCC	CEO DRNXMYTH	100.00	10	0.00	100.00 P 2
Joe Delbosaue Jr.	3635		Farmer Del Bosque Farms	1000.00	100	0.00	1000.00 P 2
	FULL NAME, MAILING AND ZIP CODE OF COME (IF COMMITTEE, ALSO EN ID: Acre Ag Works. LLC Avenal CA 93 ID: George Bravante Reedley CA 93 ID: John Chandler Selma CA 93 ID: Lawrence Cisneros Los Angeles CA 90 ID: Joe Delbosque Jr. Los Banos CA 93	Contributions Received NS ON REVERSE Dervisor 2022 FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Acre Aq Works. LL C Avenal CA 93204 ID: George Bravante Reedley CA 93654 ID: John Chandler Selma CA 93662 Lawrence Cisneros Los Angeles CA 90003 Joe Delbosque Jr. Los Banos CA 93635	Contributions Received NS ON REVERSE DERVISOR 2022 FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) ACTE AG Works. LLC AVENAL CA 93204 ID: George Bravante George Bravante George Bravante COM OTH PTY ID: John Chandler Selma CA 93662 Los Angeles CA 90003 ID: Los Angeles CA 90003 Joe Delbosque Jr. Los Banos CA 93635	Avenal CA 93654 Reedley CA 93654 Reedley CA 93662 Selma CA 93662 Lawrence Cisneros Los Angeles CA 90003 Los Angeles CA 90003 Los Angeles CA 93635 Amounts may be rounded to whole dollars. If AN INDIVIDUAL, ENTER COCUPTION AND EMPLOYER CO	Amounts may be rounded to whole dollars. Statement covered Statement Statement covered Statement St	Amounts may be rounded to whole dollars. Statement covers period from	CALIF Statement covers period CALIF From

Schedule A Summary

Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$ 43650.00
2. Amount received this period - unitemized contributions of less than \$100	\$ 355.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	\$ 44005.00
y da Emilo : and 2. Emili noro and on the outlineary : ago, obtaining ; and my	

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH-Other

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (JAN/05) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A

Type or print in ink.

SCI	ᆲᄄ	N 11	=	٨

Monetary Contributions Received			whole dollars.	Statement cove	ers period	california 460 form	
SEE INSTRUCTION	NS ON REVERSE			through		5 / 17	
NAME OF FILER							
Chavez for Sur	pervisor 2022	-				1444	506
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 02/01/2022	Ezequiel Echeveste Fresno CA 93722 ID:	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Law Enforcement Federal Bureau of Prisons	100.00	10	0.00	100.00 P 22
Rcpt Dt: 02/01/2022	Jonathan Fisher-Espinoza Derwood MD 20855 ID:	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Assistant Vice President U.S. Bancorp	500.00	500.00		500.00 P 22
Rcpt Dt: 02/08/2022	Hector Gutierrez Bakersfield CA 93311 ID:	X IND COM OTH PTY SCC	Director First 5 Kern	100.00	10	0.00	100.00 P 22
Rept Dt: 02/05/2022	Ryan Heller Merced CA 95340 ID:	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Representative CA Legislature	250.00	25	0.00	250.00 P 22
Rcpt Dt: 02/17/2022	Jaguar Farm Labor Contracting Inc. Delano CA 93215 ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC	,	2000.00	2000.00		2000.00 P 22
			SUBTOTAL	\$			
(Include all	ceived this period - contributions of \$100 or more. Schedule A subtotals.)				INI	(oth	idual ipient Committee ier than PTY or SCC)
2. Amount red	ceived this period - unitemized contributions of less	s than \$100	\$ _		ł	TH - Other Y - Politic	
3 Total mone	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, C				ŧ		I Contributor Committee

Schedule A Monetary Contributions Received		Amour	e or print in ink. its may be rounded whole dollars.	Statement cove	ers period	period CALIFORNIA 460 FORM		
SEE INSTRUCTION	US ON DEVEDSE		through			6/17		
NAME OF FILER Chavez for Sup			•			I.D. Nu 1444		
DATE RECEIVED	FULL NAME, MAILING 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 T CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 02/01/2022	Raghupriya Lakireddy Merced CA 95340 ID:		Assistant Regional Director UC Merced	500.00	50	00.00	500.00 P 22	
Rcpt Dt: 03/09/2022	Raul Lomeli San Antonio TX 78259		Chairman Welcome Tech, Inc	2000.00	200	00.00	2000.00 P 22	
Rcpt Dt: 02/02/2022	Lisa Ohlund San Juan CapistranoCA 92675		Consultant Ohlund Management & Technical Services	500.00	50	00.00	500.00 P 22	
Rcpt Dt: 02/01/2022	Miguel Ortega Madera CA 93637 ID:		Supervisor Pacific Farm Management Inc.	100.00	10	00.00	100.00 P 22	
Rcpt Dt: 02/01/2022	Edward Ring Fair Oaks CA 95628 ID:	IND COM OTH PTY SCC	Political Writer California Policy Center	100.00	11	00.00	100.00 P 22	
			SUBTOTAL	\$	16077			
Schedule A 1. Amount rec (Include all	Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)		\$ 		11/			

2. Amount received this period - unitemized contributions of less than \$100\$ ____

3. Total monetary contributions received this period.

FPPC Form 460 (JAN/05) FPPC Toll-Free Helpline: 866/ASK-FPPC

SCC-Small Contributor Committee

OTH-Other

PTY - Political Party

Schedule A	Δ		Тур	e or print in ink.				SCHEDULE A
Monetary Contributions Received		Amour	Amounts may be rounded to whole dollars.		ers period		ORNIA 460	
OFF MATRIATION	NO ON BELIEDOE				through	***************************************		7 / 17
SEE INSTRUCTION	NS ON REVERSE						I.D. Nu	mber
Chavez for Sup	pervisor 2022						1444	506
DATE RECEIVED		ILING ADDRESS DF CONTRIBUTOR ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 02/09/2022	Sandridge Partners Los Altos CA	94022	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		20000.00	2000	0.00	20000.00 P 22
Rept Dt: 02/01/2022	Tesserakt Technologies Merced CA ID:	95348	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		100.00	10	0.00	100.00 P 22
Rcpt Dt: 02/09/2022	Kathryn Tomaino Los Altos CA	94024	IND □ COM □ OTH □ PTY □ SCC	Farmer Self Employed - Kathryn A. Tomaino	3000.00	300	0.00	3000.00 P 22
Rept Dt: 03/20/2022	Jose Verduzco Ivanhoe CA	93235		Council Assistant City of Fresno	100.00	10	0.00	100.00 P 22
Rcpt Dt: 02/09/2022	John Vidovich Los Altos CA	94022	IND COM OTH PTY SCC	Farmer Self Employed - John T. Vidovich	4500.00	450	0.00	4500.00 P 22
				SUBTOTAL	\$			
(Include all	eived this period - contrib Schedule A subtotals.) .			\$ <u>_</u>		INI CC OT		dual pient Committee er than PTY or SCC)

FPPC Form 460 (JAN/05) FPPC Toll-Free Helpline: 866/ASK-FPPC

SCC-Small Contributor Committee

PTY - Political Party

Schedule /	Schedule A Type or print in ink.					SCHEDULE A		
	Contributions Received		nts may be rounded whole dollars.	Statement cov	ers period	CALIFORNIA 460		
•			from			F	ORM TOU	
SEE INSTRUCTION	NS ON REVERSE			through			8 / 17	
NAME OF FILER							I,D. Number	
Chavez for Sup	pervisor 2022					1444	1506	
DATE RECEIVED	FULL NAME, MAILING 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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 02/09/2022	Mary Vidovich Los Altos CA 94022	X IND COM OTH PTY SCC	Farmer Self Employed - Mary J Vidovich	3000.00	300	00.00	3000.00 P 22	
Rcpt Dt: 02/09/2022	Michael Vidovich Los Altos Hills CA 94024	X IND COM OTH PTY SCC	Farmer Self Employed - Michael Vidovich	3000.00	300	00.00	3000.00 P 22	

Los Altos Hills ID:

	SUBTOTAL \$	43650.00	
Schedule A Summary 1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$		*Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC)
2. Amount received this period - unitemized contributions of less than \$100	\$		OTH- Other PTY - Political Party
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A. Line 1.)	TOTAL \$		SCC - Small Contributor Committee

SCHEDULE A

Notes

Form/Schedule	Reference No	TEXT
Α	A-5043	Acre Ag Works, LLC-20220307-LLC Legal Responsible Officer: Elias Cabera

Schedul	e C		Type or print in ink.					SCHEDULE		
Nonmon	netary Contributions Received		Amounts m to who	Statement covers period from			CALIFO FOI			
SEE INSTRUCT	TIONS ON REVERSE				throu	ugh		1	0 / 17	
NAME OF FILE	R							I.D. Num	ber	
Chavez for S	Supervisor 2022							14445	06	
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)	DESCRIPTION GOODS OR SERV	3	AMOUNT/ FAIR MARKET VALUE	CUMULA DA ⁻ CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 03/08/2022	Martin Chavez	X IND COM	Farmer Relations	Postage, Shipp and Office Sup	ing plied	289.81		289.81	289.81 P 2	
	Stratford CA 93266 ID:	□ OTH □ PTY □ SCC	Pacific Farm Management							

Attach additional information on appropriately labeled continuation sheets.	SUBTOTAL \$	289.81	
Schedule C Summary			
Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.)	\$	289.81	*Contributor Codes
Amount received this period - unitemized nonmonetary contributions of less than \$100		0.00	COM- Recipient Committee - (other than PTY or SCC)
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$	289.81	OTH - Other PTY - Political Party SCC - Small Contributor Committee

•						sc	CHEDULE
Schedule E Payments Made	Amou	Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period from		460
SEE INSTRUCTIONS ON REVERSE				through		11 / 17	
NAME OF FILER						I.D. NUMBER	
Chavez for Supervisor 2022						1444506	
CODES: If one of the following codes accurately describes	the payment, you	u may enter	the code. Othe	erwise, describe	the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member of meetings office exposers petition of phone bar polling and postage, of profession pRT print ads	and appearance enses rculating nks d survey resear delivery and me	es ch ssenger services	RFD SAL SAL TEL TRC TRS TSF TVOT	adio airtime and product returned contributions campaign workers' salari v. or cable airtime and pandidate travel, lodging staff/spouse travel, lodgiransfer between commit voter registration information technology c	ies production costs , and meals ng, and meals tees of the same candid	late/spon:
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF	PAYMENT	AMOU	INT PAID
Alvarado & Wertz Company, LLC	ID:	CNS		Marie .			2162.30
Alexandria VA 22305		<u> </u>		-			450.6°
Bank Of America	ID:		POS and CMI	ļ			450.6
Newark DE 19713							
Better Deal Printing Cencal	ID:	CMP					7835.4 ⁻
Atwater CA 95301							
Atwater CA 95301 * Payments that are contributions or independent expenditures must a	also be summarized	on Schedule I	<u></u>		SU	BTOTAL\$	

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)

<u>.....</u>\$

Schedule E Summary

2. Unitemized payments made this period of under \$100.

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

FPPC Form 460 (JAN/05) FPPC Toll-Free Helpline: 866/ASK-FPPC

13644.24

13648.72

4.48

0.00

•						SCHEDULE
Schedule E	Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period	000000000000000000000000000000000000000	ORNIA 160
Payments Made				from	FOF	RM TOU
SEE INSTRUCTIONS ON REVERSE				through	_ 12	2 / 17
NAME OF FILER					I.D. NUM	BER
Chavez for Supervisor 2022					144450	06
CODES: If one of the following codes accurately describes the	ne payment, you r	may enter the	code. Otherw	rise, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings an OFC office expension petition circumphone banks POL polling and suppostage, del PRO professional PRT print ads	d appearances ses lating s survey research ivery and messer		RAD radio airtime and produ RFD returned contributions SAL campaign workers' sale TEL t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lod TSF transfer between commerver voter registration WEB information technology	aries d production co ng, and meals ging, and meals nittees of the sa	s ame candidate/spons
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	Đ	ESCRIPTION OF PAYMENT		AMOUNT PAID
eFundraising Connections	ID:	OFC				102.41
Sacramento CA 95816 eFundraising Connections	ID:	OFC				25.46
Sacramento CA 95816 eFundraising Connections	ID:	OFC	ALIQUE (90.50
* Payments that are contributions or independent expenditures must als	so be summarized or	Schedule D.		S	UBTOTAL \$	

Schedule E Summary

1.	. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	
2.	Unitemized payments made this period of under \$100.	
3.	s. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	
4.	. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	

					SCHEDULE 1
Schedule E	Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period	CALIFORNIA 160
Payments Made				from	FORM 400
SEE INSTRUCTIONS ON REVERSE				through	13 / 17
NAME OF FILER					I.D. NUMBER
Chavez for Supervisor 2022					1444506
CODES: If one of the following codes accurately describes	the payment, you	u may enter th	ne code. Othe	erwise, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL. candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member of meetings OFC office expression PHO phone bare POL polling and POS postage, of PRO profession PRT print ads	and appearances enses rculating nks d survey researd delivery and mes	h senger services	RAD radio airtime and pro RFD returned contribution SAL campaign workers's TEL t.v. or cable airtime a TRC candidate travel, lodg TRS staff/spouse travel, lofg transfer between cor VOT voter registration WEB information technological	is alaries and production costs ging, and meals odging, and meals nmittees of the same candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R	DESCRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections	ID:	OFC			5.00
Sacramento CA 95816 eFundraising Connections	ID:	OFC			1.63
Sacramento CA 95816		050			168.75
Integrated Solutions: Political	ID:	OFC			100.73
San Diego CA 92116					
* Payments that are contributions or independent expenditures must a	lso be summarized	on Schedule D.			SUBTOTAL \$

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)

Schedule E Summary

2. Unitemized payments made this period of under \$100.

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

FPPC Form 460 (JAN/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC

ayments Made		unts may be rounded to whole dollars.	Statement covers period	FORM 460
EE INSTRUCTIONS ON REVERSE			through	14 / 17
AME OF FILER				I.D. NUMBER
havez for Supervisor 2022				1444506
ODES: If one of the following codes accurately describes	the payment, you	u may enter the code. Oth	erwise, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations CTL candidate filing/ballot fees CND fundraising events CND independent expenditure supporting/opposing others (explain)* CND legal defense CND campaign literature and mailings	OFC office exp PET petition ci PHO phone bar POL polling an POS postage, o	and appearances enses rculating	RAD radio airtime and product returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lodging TSF transfer between commit VOT voter registration WEB information technology or	ries production costs g, and meals ing, and meals ttees of the same candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Integrated Solutions: Political	ID:	OFC		175.00
San Diego CA 92116 Integrated Solutions: Political	ID:	OFC		175.00
San Diego CA 92116				
Kings County Elections	ID:	FIL		555.96
Lakeport CA 95453				
Payments that are contributions or independent expenditures must	also be summarized	on Schedule D.	SU	IBTOTAL\$

Unitermized payments made this period of under \$100.
 Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
 Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)

	Tomo	i-+ i i	inte		SCHEDULE
Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE				through	15 / 17
NAME OF FILER					I.D. NUMBER
Chavez for Supervisor 2022					1444506
CODES: If one of the following codes accurately describes th	e payment, you	may enter	the code. Othe	rwise, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member cor MTG meetings an OFC office expen PET petition circum PHO phone bank POL polling and some POS postage, de PRO professional PRT print ads	ed appearance ses ulating s survey resear	es rch essenger services	RAD radio airtime and pro- RFD returned contribution: SAL campaign workers' sa TEL t.v. or cable airtime a TRC candidate travel, lodg TRS staff/spouse travel, lo TSF transfer between con VOT voter registration WEB information technolog	s alaries nd production costs ging, and meals odging, and meals nmittees of the same candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kings County Elections	ID:	FIL			702.07
Lakeport CA 95453 The KAL Group, Inc.	ID:	OFC		es interes y	320.00
Hilmar CA 95324 The KAL Group, Inc.	ID:		PRO and OFC	;	395.89
* Payments that are contributions or independent expenditures must als	o be summarized o	n Schedule I). D.		SUBTOTAL \$

Schedule E	Type or print in ink. Amounts may be rounded	Statement covers period	CALIFORNIA
Payments Made	to whole dollars.	from	FORM
SEE INSTRUCTIONS ON REVERSE		through	_ 16/17
NAME OF FILER			I.D. NUMBER
Chavez for Supervisor 2022			1444506
CODES: If one of the following codes accurately	y describes the payment, you may enter the code. Other	rwise, describe the payment.	
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and produc	ction costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' sala	ries

PET petition circulating

POL polling and survey research

PHO phone banks

CVC civic donations

IND

FND fundraising events

FIL candidate filing/ballot fees

independent expenditure supporting/opposing others (explain)*

LEG LIT	G legal defense		PRO professional services (legal, accounting) PRT print ads			VOT voter registration WEB information technology costs (internet, email)		
		AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
	The KAL Group, Inc.		ID:	OFC			320.00	
	Hilmar	CA 95324						
	The KAL Group, Inc.		ID:	PRO			158.25	
	Hilmar	CA 95324		ļ				

POS postage, delivery and messenger services

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$	13644.24
Schedule E Summary		
Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	s	
2. Unitemized payments made this period of under \$100.	\$	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Lir	ne 6.) TOTAL \$	

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

SCHEDULE E

Schedule G

independent expenditure supporting/opposing others (explain)*

FND fundraising events

LEG legal defense

Type or print in ink.

	SCHEDULE (
Statement covers period	CALIFORNIA 460
through	17 / 17
	I.D. NUMBER

TRS staff/spouse travel, lodging, and meals

WEB information technology costs (internet, email)

VOT voter registration

TSF transfer between committees of the same candidate/sponsor

Payments Made by an Agent or Indepe Contractor (on Behalf of This Committ		from	FORM 460		
SEE INSTRUCTIONS ON REVERSE		through	_ 17/17		
NAME OF FILER			I.D. NUMBER		
Chavez for Supervisor 2022			1444506		
NAME OF AGENT OR INDEPENDENT CONTRACTOR					
Bank Of America					
CODES: If one of the following codes accurately de-	scribes the payment, you may enter the code. Othe	rwise, describe the payment.			
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and produ	duction costs		
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions			
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' sale	aries		
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and	d production costs		
FII candidate filing/hallot fees	PHO phone hanks	TRC candidate travel lodging	no and meals		

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

POL polling and survey research

campaign literature and mailings PRT print ads

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	CODE OR DESCRIPTION OF PAYMENT		UNT PAID
Grass Roots Print Company	ID:	CMP			392.0
Wilmington CA 90744					
	ID:				
	ID:				
	ID:				
,	ID:				
ch additional information on appropriately la	abeled continuation shee	<u> </u>		TOTAL* \$	392

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.