

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
 or
 Date qualification threshold met

Amendment
 Date qualification threshold met
 05 / 16 / 22

Termination - See Part 5
 Date of termination
 ___ / ___ / ___

**CALIFORNIA 410
FORM**

For Official Use Only

Date Stamp

RECEIVED

MAY 16 2022

KINGS COUNTY ELECTIONS

2. Treasurer and Other Principal Officers

1. Committee Information

NAME OF COMMITTEE Committee to Elect Keith Fagundes District Attorney 2022		I.D. Number 1363085 <i>(if applicable)</i>	
NAME OF TREASURER Jackie Smith		NAME OF ASSISTANT TREASURER, IF ANY Keith Fagundes	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY Hanford	STATE CA	ZIP CODE 93230	AREA CODE/PHONE 5598162929
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]		[REDACTED]	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) fagundeslaw@gmail.com	JURISDICTION WHERE COMMITTEE IS ACTIVE Kings County		
CITY Hanford	STATE CA	ZIP CODE 93230	AREA CODE/PHONE 5597071655
NAME OF PRINCIPAL OFFICER(S) Keith Fagundes		[REDACTED]	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		[REDACTED]	
CITY Hanford	STATE CA	ZIP CODE 93230	AREA CODE/PHONE 5597071655

Attach additional information on appropriately labeled continuation sheets.

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 5-16-22 By Keith Fagundes SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 5-16-22 By Keith Fagundes SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Committee To Elect Keith Fagundes District Attorney 2022		I.D. NUMBER 1363085	
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION FAST FEDERAL CREDIT UNION	AREA CODE/PHONE (559) 584-0922	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY Hanford	STATE CA
		ZIP CODE 93230

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	(list political party below)
Keith Fagundes	District Attorney	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan
			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.	CHECK ONE
Keith Fagundes District Attorney	SUPPORT <input checked="" type="checkbox"/> OPPOSE
	SUPPORT OPPOSE