

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
_____ / _____ / _____	_____ / _____ / _____	04 / 21 / 2022

Date Stamp
RECEIVED
MAY 26 2022
KINGS COUNTY ELECTIONS

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 1324569 <i>(if applicable)</i>				NAME OF TREASURER Melonie Robinson			
NAME OF COMMITTEE David Robinson committee to re-elect Kings County Sheriff 2022				STREET ADDRESS (NO P.O. BOX): [REDACTED]			
STREET ADDRESS (NO P.O. BOX): [REDACTED]				CITY	STATE	ZIP CODE	AREA CODE/PHONE
CITY				Hanford	CA	93232	559-537-9539
STATE				NAME OF ASSISTANT TREASURER, IF ANY			
CA				STREET ADDRESS (NO P.O. BOX):			
ZIP CODE				CITY			
93230				STATE			
AREA CODE/PHONE				ZIP CODE			
559-469-2781				AREA CODE/PHONE			
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF PRINCIPAL OFFICER(S)			
E-MAIL ADDRESS (REQUIRED); FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX):			
COUNTY OF DOMICILE				CITY			
JURISDICTION WHERE COMMITTEE IS ACTIVE				STATE			
[REDACTED]				ZIP CODE			
[REDACTED]				AREA CODE/PHONE			
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 5-25-22 By Melonie Robinson
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 5-25-22 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

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COMMITTEE NAME David Robinson committee to re-elect Kings County Sheriff 2022	ID NUMBER 1324569
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All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Kings Federal Credit Union	AREA CODE/PHONE 559-582-4438	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		
David Robinson	Sheriff, Kings County	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