

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp	CALIFORNIA FORM 460
RECEIVED MAY 26 2022	
Page <u>1</u> of <u>8</u>	For Official Use Only
KINGS COUNTY ELECTIONS	

Statement covers period from <u>4/28/22</u> through <u>5/25/22</u>	Date of election if applicable: (Month, Day, Year) <u>June 7, 2022</u>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="radio"/> State Candidate Election Committee | <input type="radio"/> Controlled |
| <input type="radio"/> Recall
<small>(Also Complete Part 5)</small> | <input type="radio"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee | <input checked="" type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |
| <input type="radio"/> Sponsored | |
| <input type="radio"/> Small Contributor Committee | |
| <input type="radio"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Keith Fagundes 2014(2022)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>HANFORD</u>	<u>CA</u>	<u>93230</u>	<u>5597070604</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

FAGUNDESLAW@GMAIL.COM

Treasurer(s)

NAME OF TREASURER

JACKIE SMITH

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>HANFORD</u>	<u>CA</u>	<u>93230-</u>	<u>5598162929</u>

NAME OF ASSISTANT TREASURER, IF ANY

KEITH FAGUNDES

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>HANFORD</u>	<u>CA</u>	<u>93230</u>	<u>5597071655</u>

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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
Date

Executed on 5/25/22
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Committee to Elect Keith Fagundes 2014(2022)

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
DISTRICT ATTORNEY

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] HANFORD CA 93230

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE KEITH FAGUNDES	OFFICE SOUGHT OR HELD DISTRICT ATTORNEY	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>4/28/22</u> through <u>5/25/22</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>8</u>	I.D. NUMBER 1363085

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

KEITH FAGUNDES COMMITTEE TO ELECT KEITH FAGUNDES DISTRICT ATTORNEY

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>11000</u>	\$ <u>26000</u>
2. Loans Received..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>11000</u>	\$ <u>26000</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>0</u>	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>11000</u>	\$ <u>26000</u>

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u>26075</u>	\$ _____
21. Expenditures Made	\$ <u>46327</u>	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ <u>16224</u>	\$ <u>45577</u>
7. Loans Made..... Schedule H, Line 3	\$ _____	\$ _____
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>16224</u>	\$ <u>45577</u>
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	\$ <u>16224</u>	\$ <u>45577</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>21176</u>
13. Cash Receipts..... Column A, Line 3 above	<u>10975</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	<u>25</u>
15. Cash Payments..... Column A, Line 8 above	<u>16224</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>15952</u>

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).

*Amounts in this section may be different from amounts reported in Column B.

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ _____
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ _____

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from <u>4/28/22</u> through <u>5/25/22</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER KEITH FAGUNDES COMMITTEE TO ELECT KEITH FAGUNDES DISTRICT ATTORNEY	I.D. NUMBER 1363085
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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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/7/22	JUDITH DOWD [REDACTED] HANFORD CA 93230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	1000	1000	1000
5/7/22	THE JEFFREY LEVINSON FAMILY TRUST [REDACTED] LEMOORE, CA 93245	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY	250	250	250
5/7/22	CARLEE BARROS [REDACTED] HANFORD CA 93230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RET. TEACHER	50	50	50
5/7/22	DEAN OSTERLING\ [REDACTED] HANFORD CA 93230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED EDUCATION ADMINISTRATOR	50	50	50
5/7/22	THE OUTZEN-SPICER GROUP [REDACTED] HANFORD CA 93230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTIGATOR	300	300	300

SUBTOTAL \$ 1650

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 10975
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 25
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 11000

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>4/28/22</u> through <u>5/25/22</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>8</u>
NAME OF FILER KEITH FAGUNDES COMMITTEE TO ELECT KEITH FAGUNDES DISTRICT ATTORNEY	
I.D. NUMBER 1363085	

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/7/22	VALLEY OXYGEN [REDACTED] HANFORD CA 93230	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WELDING SUPPLY	200	200	200
5/7/22	JOE CAMARA [REDACTED] HANFORD CA 93230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FARMER	100	100	100
5/7/22	DANNY FULKS [REDACTED] LEMOORE CA 93245	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTIGATOR - RETIRED CORRECTIONS	100	100	100
5/7/22	MARTELLA FARMS LLC [REDACTED] LEMOORE CA 93245	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FARMING	100	100	100
5/7/22	R.E.JACOBS CONSTRUCTION [REDACTED] LEMOORE CA 93245	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSTRUCTION	100	100	100
SUBTOTAL \$ 525						

*Contributor Codes
IND -- Individual
COM -- Recipient Committee
(other than PTY or SCC)
OTH -- Other (e.g., business entity)
PTY -- Political Party
SCC -- Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>4/28/22</u> through <u>5/25/22</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>8</u>

NAME OF FILER UNITED STATES POSTAL SERVICE 2345 W BEECH AVE VISLAIA 93277	I.D. NUMBER <u>1363085</u>
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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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/12/22	STONEYS SAND AND GRAVEL [REDACTED] LEMOORE CA 93245	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TRANSPORTATION	500	500	500
5/12/22	FLYING M RANCHES [REDACTED] HANFORD CA 93230	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FARMING	200	200	200
5/7/22	MARK HUBBARD [REDACTED] LOCUST GROVE GA 30248	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PILOT	2000	2000	2000
5/7/22	BRYAN RHOADS [REDACTED] HANFORD CA 93230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	POOL SERVICE	500	500	500
5/7/22	KEITH GRABOW [REDACTED] HANFORD CA 93230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WELL SERVICE	5000	5000	5000
SUBTOTAL \$ 8200						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>4/28/22</u> through <u>5/25/22</u>	CALIFORNIA FORM 460
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I.D. NUMBER <u>1363085</u>	

NAME OF FILER

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/7/22	BROWN'S DIARY [REDACTED] HANFORD CA 93230	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIARY	500	500	500
5/7/22	RODNEY EVANGELHO [REDACTED] HANFORD CA 93230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SEED STORE	100	100	100
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$ 600						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>4/25/22</u> through <u>5/25/22</u>	CALIFORNIA FORM 460
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I.D. NUMBER 1363085	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

KEITH FAGUNDES COMMITTEE TO ELECT KEITH FAGUNDES DISTRICT ATTORNEY

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
UNITED STATES POSTAL SERVICE [REDACTED] VISLAIA 93277	POS		POSTAGE MAILER	7908
IDEA PRINTING [REDACTED] VISALIA, CA 93292	CMP		MAILER	4816
HANFORD YOUTH SERVICES [REDACTED] HANFORD CA 93230	RAD		RADIO	3500

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 16224

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	16224
2. Unitemized payments made this period of under \$100.....	\$	0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$	16224