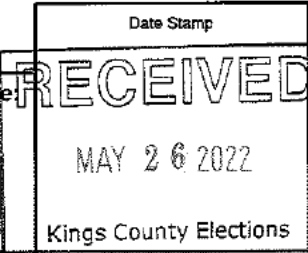


Recipient Committee Campaign Statement Cover Page

Statement covers period from 04/24/2022 through 05/21/2022

Date of election if applicable (Month, Day, Year) 06/07/2022



CALIFORNIA FORM 460 Page 1 of 10 For Official Use Only

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. [X] Officeholder, Candidate Controlled Committee. [] State Candidate Election Committee. [] Recall. [] General Purpose Committee. [] Sponsored. [] Small Contributor Committee. [] Political Party/Central Committee.

2. Type of Statement: [X] Preelection Statement. [] Quarterly Statement. [] Semi-annual Statement. [] Special Odd-Year Report. [] Termination Statement. [] Amendment (Explain Below).

3. Committee Information: I.D. NUMBER 1444506. COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Chavez for Supervisor 2022. STREET ADDRESS (NO P.O. BOX) [Redacted]. CITY STATE ZIP CODE AREA CODE/PHONE Stratford, CA 93266 559-639-3308. MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX [Redacted]. CITY STATE ZIP CODE AREA CODE/PHONE Stratford, CA 93266. OPTIONAL: FAX / E-MAIL ADDRESS kellylawler@thekalgroup.com

Treasurer(s): NAME OF TREASURER Kelly Lawler. MAILING ADDRESS [Redacted]. CITY STATE ZIP CODE AREA CODE/PHONE Hillmar, CA 95324 209-656-1542. NAME OF ASSISTANT TREASURER, IF ANY. MAILING ADDRESS. CITY STATE ZIP CODE AREA CODE/PHONE. 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 05/21/2022 DATE. Executed on 05/21/2022 DATE. Executed on DATE. Executed on DATE.

By Kelly Lawler Signature of Treasurer or Assistant Treasurer. By Martin Chavez 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**

Type or print in ink.

COVER PAGE - PART 2

| | |
|--------------------|-----|
| CALIFORNIA FORM | 460 |
| 2 / 10 | |

5. Officeholder or Candidate Controlled Committee

| | | | |
|--|-----------|-------|-------|
| NAME OF OFFICEHOLDER OR CANDIDATE Martin Chavez | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Sought: Board of Supervisors | | | |
| County | Kings | STATE | 1 |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP |
| [REDACTED] | Stratford | CA | 93266 |

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 to 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. Ballot Measure Committee

| | | |
|--|---------------------|---|
| NAME OF BALLOT MEASURE | | |
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| 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 | |

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

| | | |
|-----------------------------------|-----------------------|---|
| 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 |
| 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**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|--------------------------------|
| Statement covers period from <u>4/24/22</u> through <u>5/21/22</u> | CALIFORNIA FORM 460 |
| | 3 / 10 |
| | I.D. NUMBER 1444506 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Chavez for Supervisor 2022

| 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 | |
|--------------------------------------|--------------------|---|---|---|-------------------------------|
| | | | | 1/1 through 6/30 | 7/1 to Date |
| 1. Monetary Contributions | Schedule A, Line 3 | \$ <u>2874.00</u> | \$ <u>46879.00</u> | | |
| 2. Loans Received | Schedule B, Line 7 | <u>0.00</u> | <u>0.00</u> | | |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1 + 2 | \$ <u>2874.00</u> | \$ <u>46879.00</u> | 20. Contribution Received | \$ <u>0.00</u> \$ <u>0.00</u> |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | <u>1500.00</u> | <u>1789.81</u> | 21. Expenditures Made | \$ <u>0.00</u> \$ <u>0.00</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4 | \$ <u>4374.00</u> | \$ <u>48668.81</u> | | |

| Expenditures Made | | Column A | Column B | Expenditure Limit Summary for State Candidates | |
|--|----------------------|--------------------|--------------------|---|---------------|
| 6. Payments Made | Schedule E, Line 4 | \$ <u>16008.66</u> | \$ <u>29657.38</u> | 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | |
| 7. Loans Made | Schedule H, Line 7 | <u>0.00</u> | <u>0.00</u> | Date of Election (mm/dd/yy) | Total to Date |
| 8. SUBTOTAL CASH PAYMENTS..... | Add Lines 6 + 7 | \$ <u>16008.66</u> | \$ <u>29657.38</u> | | \$ _____ |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | <u>0.00</u> | <u>0.00</u> | | \$ _____ |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | <u>1500.00</u> | <u>1789.81</u> | | |
| 11. TOTAL EXPENDITURES MADE..... | Add Lines 8 + 9 + 10 | \$ <u>17508.66</u> | \$ <u>31447.19</u> | | |

| Current Cash Statement | | |
|---|---|--------------------|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ <u>30356.28</u> |
| 13. Cash Receipts | Column A, Line 3 above | <u>2874.00</u> |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | <u>0.00</u> |
| 15. Cash Payments | Column A, Line 8 above | <u>16008.66</u> |
| 16. ENDING CASH BALANCE..... | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>17221.62</u> |
| If this is a termination statement, Line 16 must be zero. | | |
| 17. LOAN GUARANTEES RECEIVED..... | Schedule B, Part 2 | \$ <u>0.00</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).

| Cash Equivalents and Outstanding Debts | | |
|---|---------------------------------------|----------------|
| 18. Cash Equivalents | See instructions on reverse | \$ <u>0.00</u> |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$ <u>0.00</u> |

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|--|----------------------------|
| Statement covers period from <u>4/24/22</u> through <u>5/21/22</u> | CALIFORNIA FORM 460 |
| | 4 / 10 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Chavez for Supervisor 2022

I.D. Number
1444506

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 05/06/2022 | Darius Assemi and affiliated entities ██████████ Fresno CA 93711 ID: ██████████ | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 2000.00 | 2000.00 | 2000.00 P 22 |
| Rcpt Dt: 05/16/2022 | Martin Mares ██████████ Parlier CA 93648 ID: ██████████ | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired Retired | 100.00 | 100.00 | 100.00 P 22 |
| Rcpt Dt: 05/20/2022 | Larry Powell ██████████ Fresno CA 93711 ID: ██████████ | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Pastor Peoples Church | 100.00 | 100.00 | 100.00 P 22 |
| Rcpt Dt: 05/18/2022 | Taguddin Saef ██████████ Bakersfield CA 93306 ID: ██████████ | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business owner Self Employed- Taguddin Saef | 500.00 | 500.00 | 500.00 P 22 |

SUBTOTAL \$ 2700.00

Schedule A Summary

| | |
|---|-------------------------|
| 1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) | \$ 2700.00 |
| 2. Amount received this period - unitemized contributions of less than \$100 | \$ 174.00 |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) | TOTAL \$ 2874.00 |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|----------------------------|
| Statement covers period from <u>4/24/22</u> through <u>5/21/22</u> | CALIFORNIA FORM 460 |
| | 5 / 10 |
| I.D. Number 1444506 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chavez for Supervisor 2022

| 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 OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| Rcpt Dt: 05/17/2022 | The Ag Center [REDACTED] Merced CA 95341 ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | Video Shoot | 1500.00 | 1500.00 | 1500.00 P 22 |

| | | |
|---|--------------------|---------|
| Attach additional information on appropriately labeled continuation sheets. | SUBTOTAL \$ | 1500.00 |
|---|--------------------|---------|

Schedule C Summary

| | | |
|--|-----------------|---------|
| 1. Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.)..... | \$ | 1500.00 |
| 2. Amount received this period - unitemized nonmonetary contributions of less than \$100 | \$ | 0.00 |
| 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 \$ | 1500.00 |

*Contributor Codes
IND - Individual
COM- Recipient Committee
- (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

| | |
|--|--------------------------------|
| Statement covers period from <u>4/24/22</u> through <u>5/21/22</u> | CALIFORNIA FORM 460 |
| | 6 / 10 |
| | I.D. NUMBER 1444506 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chavez for Supervisor 2022

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, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|-----|------------------------|-------------|
| Alvarado & Wertz Company, LLC [REDACTED] Alexandria VA 22305 | CNS | ID: | | 3000.00 |
| Alvarado & Wertz Company, LLC [REDACTED] Alexandria VA 22305 | LIT | ID: | | 10953.77 |
| Bank Of America [REDACTED] Newark DE 19713 | CNS | ID: | | 852.21 |

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

SUBTOTAL \$

Schedule E Summary

| | | |
|--|-----------------|-----------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ | 15974.28 |
| 2. Unitemized payments made this period of under \$100. | \$ | 34.38 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ | 0.00 |
| 4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ | 16008.66 |

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

| | |
|--|--------------------------------|
| Statement covers period from <u>4/24/22</u> through <u>9/21/22</u> | CALIFORNIA FORM 460 |
| | 7 / 10 |
| | I.D. NUMBER 1444506 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chavez for Supervisor 2022

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, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Budget Watchdogs Newsletter ID: [REDACTED] Torrance CA 90505 | LIT | | | 100.00 |
| California Voter Guide ID: [REDACTED] Torrance CA 90505 | LIT | | | 204.00 |
| Integrated Solutions: Political ID: [REDACTED] San Diego CA 92116 | OFC | | | 175.00 |

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

SUBTOTAL \$

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. 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.) **TOTAL \$** _____

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | |
|--|--------------------------------|
| Statement covers period from <u>4/24/22</u> | CALIFORNIA FORM 460 |
| through <u>9/21/22</u> | |
| 8 / 10 | |
| I.D. NUMBER 1444506 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chavez for Supervisor 2022

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, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Senior Advocate [REDACTED] Torrance CA 90505 | LIT | | | 170.00 |
| The KAL Group, Inc. [REDACTED] Hilmar CA 95324 | PRO | | | 320.00 |
| The KAL Group, Inc. [REDACTED] Hilmar CA 95324 | PRO | | | 199.30 |

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

SUBTOTAL \$ 15974.28

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. 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.) **TOTAL \$** _____

**Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

| | |
|--|--------------------------------|
| Statement covers period from <u>4/24/22</u> | CALIFORNIA FORM 460 |
| through <u>9/21/22</u> | |
| | 9 / 10 |
| | I.D. NUMBER 1444506 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Chavez for Supervisor 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bank Of America

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, email) |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Capitol Resources, Inc. [REDACTED] Brooklyn IA 52211 | CMP | | | 852.21 |
| ID: | | | | |
| ID: | | | | |
| ID: | | | | |
| ID: | | | | |
| ID: | | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 852.21

* 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.

**Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

| | |
|--|--------------------------------|
| Statement covers period from <u>4/24/22</u> through <u>9/21/22</u> | CALIFORNIA FORM 460 |
| | 10 / 10 |
| | I.D. NUMBER 1444506 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Chavez for Supervisor 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Alvarado & Wertz Company, LLC

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, email) |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAP Print LLC [REDACTED] Dripping Springs TX 78620 | LIT | | | 3673.00 |
| KAP Print LLC [REDACTED] Dripping Springs TX 78620 | LIT | | | 3244.00 |
| USPO [REDACTED] Hanford CA 93230 | POS | | | 3183.74 |
| | | | | |
| | | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 10100.74

* 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.