

**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 12 / 16 / 2022

Date Stamp
RECEIVED
DEC 16 2022
Kings County Elections

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 1454698 <i>(if applicable)</i>				NAME OF TREASURER Shanna Ahrens			
NAME OF COMMITTEE Committee for Vote Yes on Measure J				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Lemoore	STATE CA	ZIP CODE 93245	AREA CODE/PHONE 805-801-5780
CITY Lemoore	STATE CA	ZIP CODE 93245	AREA CODE/PHONE 805-801-5780	NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) yesmeasurej@gmail.com				CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE Kings	JURISDICTION WHERE COMMITTEE IS ACTIVE Kings/Fresno Counties			NAME OF PRINCIPAL OFFICER(S) Luca Lewis			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
				CITY Lemoore	STATE CA	ZIP CODE 93245	AREA CODE/PHONE 206-856-0060

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 12/16/22 By Shanna Ahrens
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/16/22 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