Ca	ecipient Committee ampaign Statement over Page	Statement covers pe	22	Date of election if applicable: (Month, Day, Year)	Date Stamp	CALIFOR FORM Page 1	
1.	Type of Recipient Committee: All Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	es – Complete Parts 1, 2, 3, and 4 Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)		2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain Below)	☐ Quarterly Special Oc		
3.	Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COM Chavez for Supervisor 2022 STREET ADDRESS (NO P.O. BOX) CITY	LD. NUMBER 1444506 MITTEE) STATE ZIP CODE	AREA CODE/PHONE 559-639-3308	Treasurer(s) NAME OF TREASURER Kelly Lawler MAILING ADDRESS CITY Hilmar, CA 95324 NAME OF ASSISTANT TREASURER, IF	STATE	ZIP CODE	AREA CODE/PHONE 209-656-1542
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET CONTINUES. CITY Stratford, CA 93266 OPTIONAL: FAX / E-MAIL ADDRESS kellylawler@thekalgroup.com	OR P.O. BOX STATE ZIP CODE	AREA CODE/PHONE	MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDRESS	STATE	ZIP CODE	AREA CODE/PHONE
k.	Verification I have used all reasonable diligence in preparticertify under penalty of perjury under the laws 07/13/2022 DATE Executed on DATE Executed on DATE Executed on DATE	ng and reviewing this stateme of the State of California that	the foregoing is true By	Signature of Treasur	Squal rer or Assistant Treasurer	e Officer of Sponsor	true and complete. I
	Evented on		Bv				

DATE

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2 COVER PAGE - PART 2

CALIFORNIA 460

2/12

Officeholder or Candidate Controlled (Committee	6. Ballot Measure Co	mmittee			
NAME OF OFFICEHOLDER OR CANDIDATE Martin Chavez		NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC Sought: Board of Supervisors County Kings	T NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP	Identify the controlling offi	ceholder, candi	date, or state	measure propo	nent, if any.
St	ratford CA 93266	NAME OF OFFICEHOLDER, CA	ANDIDATE, OR PE	ROPONENT		,,,,
Related Committees Not Included in this State not included in this statement that are controlled by you or are contributions or to make expenditures on behalf of your candidate.	primarily formed to receive	OFFICE SOUGHT OR HELD			DISTRICT NO. II	ANY
COMMITTEE NAME	I.D.NUMBER	7. Primarily Formed (Committee	List names	of officeholder(s) or candidate(s) fo
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOU	SHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BC		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUC	SHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	ODE AREA CODE/PHONE					LI OPPOSE
COMMITTEE NAME	I.D.NUMBER	NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOU	SHT OR HELD	☐ SUPPORT ☐ OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BC	X)					
CITY STATE ZIP C	ODE AREA CODE/PHONE	Attac	ch continuation	sheets if nece	essary	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from ______ CALIFORNIA FORM 460

 NICTO	LICTIONS	AM.	DEA	/ED	≎⊏

Contributions Received

NAME OF FILER

Chavez for Supervisor 2022

Calendar	Year	Sumn	nary f	or Cand	idates
Running i	in Bot	th the	State	Primar	y and
General E	lection	ons			

LD. NUMBER

1444506

			TOTAL THIS PERIOD ATTACHED SCHEDULES)		TOTAL TO DATE	Running ir General El	ections ections	tate	Prir	nary and
1.	Monetary Contributions	Schedule A, Line 3	\$ 3750.00	\$_	50629.00	Conteral El				
2.	Loans Received	Schedule B, Line 7	 0.00	_	0.00		1/1 through	5/30		7/1 to Date
3.	SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 3750.00	\$_	50629.00	Contribution Received		00	\$	0.00
4.	Nonmonetary Contributions	Schedule C, Line 3	 0.00	_	1789.81	21. Expenditure	·e			
5.	TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	 3750.00	\$_	52418.81	Made		.00	\$	0.00

Column A

Ex	penditures Made			
6.	Payments Made	Schedule E, Line 4	\$ 19990.22	\$ 49647.60
7.	Loans Made	Schedule H, Line 7	0.00	 0.00
8.	SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 19990.22	\$ 49647.60_
9.	Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	 0.00	 0.00
10.	Nonmonetary Adjustment	Schedule C, Line 3	 0.00	 1789.81
11.	TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 19990.22	\$ 51437.41

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

SUMMARY PAGE

œ.

12. Beginning Cash Balance	Previous Summary Page, Line 16	D	11221.02
13. Cash Receipts	Column A, Line 3 above		3750.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4		0.00
15. Cash Payments	Column A, Line 8 above		19990.22_
16. ENDING CASH BALANCE Add Lines	\$	981.40	
If this is a termination statement, Line 16 must	be zero.		

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).

To calculate Column B, add

Column B

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

FPPC Form 460 JAN/05 FPPC Toll-Free Helpline: 866/ASK-FPPC

Cash Equivalents and Outstanding Deb	S
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17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2

\$ 0.00 \$ 0.00

17221 62

0.00

Schedule	A		e or print in Ink.				SCHEDULE.
	Contributions Received		Amounts may be rounded to whole dollars.		ers period	california 460	
SEE INSTRUCTIO	NS ON REVERSE			through			4 / 12
NAME OF FILER Chavez for Sup			ALL PARTY.			I.D. Nu 1444	
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 CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 06/03/2022	Cal-Pacific Supply Inc. Madera CA 93637	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		2000.00	2000.00		2000.00 P 2
Rept Dt: 05/25/2022	Jesse Juarez Lakewood CA 90712	IND COM OTH PTY Scc	Retired Retired	250.00	600	0.00	600.00 P 2
Rcpt Dt: 06/01/2022	Jesse Juarez Lakewood CA 90712 ID:		Retired Retired	350.00	600	0.00	600.00 P 2
Rcpt Dt: 06/07/2022	New Line Media Communications San Jose CA 95122	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100	0.00	100.00 P 2
Rcpt Dt: 05/30/2022	Charles Nies Merced CA 95340 ID:	IND COM OTH PTY SCC	Administrator University of California	100.00	100	0.00	100.00 P 2
			SUBTOTAL	\$			
(Include all	A Summary reived this period - contributions of \$100 or more. Schedule A subtotals.)			CO 00	COL		dual pient Committee er than PTY or SCC)
Z. Amount led	erved this period - uniterflized contributions of les	ο υιαπ φτυυ			PT	/ - Politic	al Party

3. Total monetary contributions received this period.

FPPC Form 460 (JAN/05) FPPC Toll-Free Helpline: 866/ASK-FPPC

3750.00

SCC-Small Contributor Committee

Type or print in ink. Amounts may be rounded Schedule A

Monetary Contributions Received			to whole dollars.		from		FORM 460		
SEE INSTRUCTION	NS ON REVERSE			through			5 / 12		
NAME OF FILER Chavez for Sup	pervisor 2022					I.D. No 1444			
DATE RECEIVED	FULL NAME, MAILING ADDR AND ZIP CODE OF CONTRIB (IF COMMITTEE, ALSO ENTER I.	UTOR CODE *	OR OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
Rcpt Dt: 05/23/2022	Paz Dermatology Fresno CA 93720	IND COM	1	500.00	50	0.00	500.00 P 22		
Rcpt Dt: 05/28/2022	Robert Saroyan Fresno CA 93730 ID:	X IND COM OTH PTY SCO	Valley Children's Health-	300.00	30	0.00	300.00 P 22		
Rept Dt: 06/01/2022	Roberto Vaca Sanger CA 93657	IND □ COM □ OTH □ PTY □ SCC	Visalia Unified School	100.00	10	00.00	100.00 P 22		

	SUBTOTAL \$	3700.00	
Schedule A Summary 1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$		*Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC)
Amount received this period - unitemized contributions of less than \$100 Total monetary contributions received this period.	\$		OTH - Other PTY - Political Party SCC - Small Contributor Committee
(Add Lines 1 and 2 Enter here and on the Summary Page, Column A. Line 1.)	TOTAL \$		OGO GITALI COLLINGO

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers
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		SCHEDULE
	Statement covers period	CALIFORNIA 460
	from	FORM 40U
	through	6 / 12
_		I.D. NUMBER
		1444506

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
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses		campaign workers' salaries
	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
	fundraising events	POL	polling and survey research		staff/spouse travel, lodging, and meals
	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
	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 ((IF COMMITTEE, ALSO ENTER I.D. NUMBER		CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Alvarado & Wertz Company, LLC	ID:	LIT		16363.26
Alexandria VA 22305 Bank Of America	ID:		CMP and WEB	2603.48
Newark DE 19713		OFC		23.00
eFundraising Connections Sacramento CA 95816	ID:			

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

SUBTOTAL \$

Schedule E Summary

SEE INSTRUCTIONS ON REVERSE

Chavez for Supervisor 2022

NAME OF FILER

1.	Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	19960.22
2	Unitemized payments made this period of under \$100.	30.00
		0.00
ა.	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	40000 22
4	Total payments made this period. (Add lines 1.2 and 3. Enter here and on the Summary Page, Column A. Line 6.)	19990.22

.*				SCHEDULE
Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from	california 460
SEE INSTRUCTIONS ON REVERSE			through	7/12
NAME OF FILER				I.D. NUMBER
Chavez for Supervisor 2022				1444506
CODES: If one of the following codes accurately describes t	he payment, you	may enter the code. O	therwise, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings		nd appearances uses ulating S		ries I production costs g, and meals ging, and meals littees of the same candidate/spon
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections	ID:	OFC		4.96
Sacramento CA 95816 eFundraising Connections	ID:	OFC		5.00
Sacramento CA 95816				
eFundraising Connections	ID:	OFC		5.50
Sacramento CA 95816 * Payments that are contributions or independent expenditures must al	so be summarized o	n Schedule D.	SI	UBTOTAL \$

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)

\$ _____

Schedule E Summary

2. Uniternized payments made this period of under \$100.

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

.....\$

•							SCHEDULE
Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period		CALIF FO	ornia 460 rm
SEE INSTRUCTIONS ON REVERSE				through	1	8	3 / 12
NAME OF FILER						LD. NUN	MBER
Chavez for Supervisor 2022						14445	06
CODES: If one of the following codes accurately describes			e code. Otherwis				
CMP campaign paraphernalia/misc.	MBR member con				radio airtime and producti returned contributions	on costs	
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings ar OFC office exper		•	SAL campaign workers' salaries			
CVC civic donations	PET petition circ	ulating		TEL t.v. or cable airtime and production costs		osts	
FIL candidate filing/ballot fees	PHO phone bank POL polling and			TRS	candidate travel, lodging, staff/spouse travel, lodging		de
FND fundraising events IND independent expenditure supporting/opposing others (explain)*	POS postage, de			TSF	transfer between committ		
LEG legal defense	PRO professiona				voter registration		
LIT campaign literature and mailings	PRT print ads	T		WEB	information technology co	sts (interne	r, email)
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE O	R DE	SCRIPTION O	FPAYMENT		AMOUNT PAID
o Franciscia o Commontino	ID:	OFC					23.00
eFundraising Connections	ID:						
Sacramento CA 95816							11.75
eFundraising Connections	ID:	OFC					11.75
Sacramento CA 95816							
***************************************	-	OFC					14.00
eFundraising Connections	ID:						
CA 0504C							I

SUBTOTAL \$ * Payments that are contributions or independent expenditures must also be summarized on Schedule D. 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).)
1	Total navments made this period. (Add lines 1.2, and 3. Enter here and on the Summary Page Column A. Line 6.)

, ~							SCHEDULE
Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period		CALIF FO	ORNIA 160
SEE INSTRUCTIONS ON REVERSE				through		<u> </u>	/ 12
NAME OF FILER						I.D. NUM	BER
Chavez for Supervisor 2022						144450)6
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings ar OFC office exper PET petition circl PHO phone bank POL polling and POS postage, de	mmunications nd appearances nses ulating	services	RAD rad RFD retr SAL car TEL t.v. TRC car TRS sta TSF trai	ne payment. Itio airtime and producturned contributions impaign workers' salar, or cable airtime and indidate travel, lodging iff/spouse travel, lodginsfer between committer registration ormation technology of the salar indicate the salar indicates and the salar indica	ies production co , and meals ing, and meal ttees of the s	s ame candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DES	CRIPTION OF PA	YMENT		AMOUNT PAID
eFundraising Connections	ID:	OFC					5.00
Sacramento CA 95816 <u>eFundraising Connections</u>	ID:	OFC					21.25

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

95816

CA 95816

SUBTOTAL \$

Schedule E	Summary
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Sacramento

Sacramento

eFundraising Connections

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.)

OFC

ID:

95.50

60			SCHEDULE
Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period	california 460
EE INSTRUCTIONS ON REVERSE		through	10 / 12
AME OF FILER		-	I.D. NUMBER
havez for Supervisor 2022			1444506
CODES: If one of the following codes accurately	describes the payment, you may enter the code. Other	rwise, describe the payment.	

RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions campaign consultants MTG meetings and appearances campaign workers' salaries contribution (explain nonmonetary)* office expenses t.v. or cable airtime and production costs petition circulating PET CVC civic donations candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks TRS staff/spouse travel, lodging, and meals POL polling and survey research fundraising events transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services IND VOT voter registration PRO professional services (legal, accounting) legal defense WEB information technology costs (internet, email) campaign literature and mailings PRT print ads LIT NAME AND ADDRESS OF PAYEE OR CREDITOR AMOUNT PAID DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 175.00 OFC Integrated Solutions: Political ID: San Diego 320.00 OFC ID: The KAL Group, Inc. 95324 Hilmar 289.52 PRO ID: The KAL Group, Inc. Hilmar 95324 SUBTOTAL \$ 19960.22 Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule G				
Payments N	lade by an	Agent -	or Independ	ent
Contractor (on Behalf	of This	Committee))

Type or print in ink.

Amounts may be rounded to whole dollars.

**	SCHEDULE G			
Statement covers period from	CALIFORNIA 460			
through	11/12			
	I.D. NUMBER			

1444506

NAME OF AGENT OR INDEPENDENT CONTRACTOR

SEE INSTRUCTIONS ON REVERSE

Chavez for Supervisor 2022

Bank Of America

NAME OF FILER

COE	ES: If one of the following codes accurately describes the	e pay	ment, you may enter the code. Otherwise,	descri	be 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		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
	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
ЦT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

LIT campaign literature and mailings PRT print ads
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

ID: 52211 ID:	CMP		598.9
	WEB		
ID:	WEB		
			477.0
94025		1.14.4	
ID:	WEB		1509.9
94043			
ID:			
ID:			
	94043 ID:	ID: WEB 94043 ID:	ID: WEB 94043

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 2585.88

^{*} 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				_					SCHEDULE
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.		Statement covers period from		CALIFOR	NIA 160	
SEE INSTRUCTIONS ON RE	VEDSE					through		12 /	12
NAME OF FILER								I.D. NUMBER	
Chavez for Supervisor 2	2022							1444506	
NAME OF AGENT OR INDEP	ENDENT C	ONTRACTOR							
Alvarado & Wertz Comp	pany, LL(0							
CMP campaign paraphe CNS campaign consulta CTB contribution (explai CVC civic donations FIL candidate filing/bal FND fundraising events IND independent expen LEG legal defense LIT campaign literature * Payments that are contrib	rnalia/misonts in nonmon iot fees inditure sup and mailioutions or i	etary)* porting/opposing oth ngs independent expendit	MTG m OFC 0 PET p PHO p POL p ers (explain)* POS p PRO p PRT p ures must also be summarized o	nember communication neetings and appeara ffice expenses etition circulating hone banks olling and survey resiostage, delivery and rofessional services (rint ads	ons nces earch messenger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and product returned contributions campaign workers' salar t.v. or cable airtime and candidate travel, lodging staff/spouse travel, lodgit transfer between commit voter registration information technology of	ies production costs , and meals ng, and meals ttees of the same	nail)
N		ADDRESS OF PAYER MITTEE, ALSO ENTER I.D. N		CODE	OR DI	SCRIPTION OF	PAYMENT		AMOUNT PAID
KAP Print LLC Dripping Springs	ΤX	78620	ID:	LIT					11487.00
USPO Hanford	CA	93230	ID:	POS					4876.26
Tranioru	<u> </u>	30200	ID:	The state of the s		444			
			ID:						

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 16363.26

ID: