

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
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Date Stamp RECEIVED FEB 16 2023 KINGS COUNTY ELECTIONS	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information				I.D. Number (if applicable)				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Committee to elect Robert Thayer Kings County District 5 Supervisor 2024				NAME OF TREASURER Kimberly Thayer				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Hanford	STATE Ca	ZIP CODE 93230	AREA CODE/PHONE (559)904-1176	NAME OF ASSISTANT TREASURER, IF ANY N/A			
CITY Hanford	STATE Ca	ZIP CODE 93230	AREA CODE/PHONE (559)469-6152	STREET ADDRESS (NO P.O. BOX) N/A				NAME OF PRINCIPAL OFFICER(S) Robert Thayer			
FULL MAILING ADDRESS (IF DIFFERENT) Same				CITY N/A				STREET ADDRESS (NO P.O. BOX) N/A			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) electrobertthayer@gmail.com				CITY N/A				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
COUNTY OF DOMICILE Kings		JURISDICTION WHERE COMMITTEE IS ACTIVE District 5		CITY Hanford				STATE Ca			
Attach additional information on appropriately labeled continuation sheets.				ZIP CODE 93230				AREA CODE/PHONE (559)469-6152			

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 2-16-23 By Kimberly Thayer
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2/16/23 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