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Statement of Organization Recipient Committee

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CALIFORNIA FORM 410

FEB 21 2023

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APR 07 2023

Kings County Elections

Statement Type: [X] Initial, [] Amendment, [] Termination - See Part 5. Includes fields for qualification thresholds and date of termination.

1. Committee Information: NAME OF COMMITTEE (Committee to elect Robert Thayer Kings County District 5 Supervisor 2024), STREET ADDRESS, CITY (Hanford), STATE (Ca), ZIP CODE (93230), AREA CODE/PHONE ((559)469-6152). 2. Treasurer and Other Principal Officers: NAME OF TREASURER (Kimberly Thayer), NAME OF ASSISTANT TREASURER (N/A), NAME OF PRINCIPAL OFFICER(S) (Robert Thayer).

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 (Signature)
Executed on 2/16/23 By [Signature]
Executed on _____ By _____
Executed on _____ By _____

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME
Committee to elect Robert Thayer Kings County District 5 Supervisor 2024

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Bank of the Sierra	AREA CODE/PHONE (559)585-6700	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS [REDACTED]	CITY Hanford	STATE Ca	ZIP CODE 93230

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Robert Thayer	Kings County District 5 Supervisor	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
N/A	N/A	SUPPORT	OPPOSE
		SUPPORT	OPPOSE