16		1110	7				
Statement of Organization		1458571		RECEN	CEIVED REKASTELLED		ORNIA 110
Recipient Committee		i v		in the office	/ED AND FILED of the Secretary of State State of California	FC	ORM 410
Statement Type	☑ Initial	☐ Amendment	☐ Termination – See	Part 5	State of California		
Not yet qualified					EB 2 1 2023		ECEWED
	or		1				100 AM 1000
	O Date qualification threshold met	Date qualification threshold met	Date of terminatio	n			APR 07 2023
•	//						ings County Elections
Committee  NAME OF COMMITTEE	e Information I.D. Numbe	er .	2. Treasur		er Principal Office		
1	ect Robert Thayer Kings County	District 5 Supervisor 2024	Kimberly Th				
			STREET ADDRESS (N	O P.O. BOX)			
STREET ADDRESS (NO P.O.	. BOX)		CITY		STATE	ZIP CODE	AREA CODE/PHONE
			Hanford		Ca	93230	(559)904-1176
CITY	STATE ZIP C		NAME OF ASSISTANT	TREASURER, IF AN	1		
Hanford	Ca 933	230 (559)469-6152	N/A				
FULL MAILING ADDRESS (	IF DIFFERENT)		STREET ADDRESS (No	D P.O. BOX)			
Same			N/A				
e-MAIL ADDRESS (REQUIR electrobertthayer			city N/A		STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION WHERE CON	NATTE IS A COURT					
Kings	District 5	IMITTEE IS ACTIVE	NAME OF PRINCIPAL				
A.IIIg3	District 3		Robert Thaye				
			3111121 2001125 (11)	71.0.000,			
Assemble multilitet en en	dida		CITY		STATE	ZIP CODE	AREA CODE/PHONE
Attach additiona	l information on appropriately lo	peiea continuation sheets.	Hanford		Ca	93230	(559)469-6152
3. Verificatio	n						
l have used all re	asonable diligence in preparing	this statement and to the bes	t of my knowledge the	infarmation	contained bessin is true	and compl	to Isostifundor
	ry under the laws of the State of			IIIIOIIIIauoii	Contained nerenins true	and compr	ete. Tentily under
4	-112-23	Mighiet	That or				
Executed on	DATE By	ST A WILL DOOM	GNATURE OF TREASURER ON ASSISTA	ANT TREASURER			
Executed on	116/23 By 1	# 4 [	1				
	DATE	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE	E, OR STATE MEASU	RE PROPONENT		
Executed on	By						
	DATE	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATI	E, OR STATE MEASU	RE PROPONENT		
Executed on	DATE By	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDAT	É, OR STATE MEASU	RE PROPONENT		

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FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE	CALIFORNIA 410							
	Page 2							
COMMITTEE NAME Committee to elect Robert Thayer Kings County District 5 Super	I.D. NUMBER							
<ul> <li>All committees must list the financial institution where the c</li> </ul>	ampaign ba	ink account is located	•					
NAME OF FINANCIAL INSTITUTION	AREA C	CODE/PHONE	OUNT NUMBER					
Bank of the Sierra	(559	)585-6700						
ADDRESS	СІТҮ		STATE		IP CODE			
	Han	ford	Ca		93230			
4. Type of Committee Complete the applicable sections								
Controlled Committee								
<ul> <li>List the name of each controlling officeholder, candidate, or stralso list the elective office sought or held, and district number,</li> <li>List the political party with which each officeholder or candida</li> <li>If this committee acts jointly with another controlled committee</li> </ul>	if any, and te is affiliate	the year of the election and or check "nonpartised or check "	n. an." Stating "No p	arty prefer	ence" is acce			
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD YEAR OF PAI  (INCLUDE DISTRICT NUMBER IF APPLICABLE) ELECTION CHEC			ΤΥ				
Robert Thayer	Kings County Disrtict 5 Supervisor			2024	Nonpartisan	Partisan	(list political pa	rty below)
					Nonpartisan	Partisan	(list political pa	rty below)
Primarily Formed Committee Primarily formed to support or	oppose spec	cific candidates or me	asures in a single e	lection. Lis	t below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LE IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.		CANDIDATE	(S) OFFICE SOUGHT OR H UDE DISTRICT NO., CITY	ELD OR MEASU	IRE(S) JURISDICTI	ON	СНЕСК	CONE
N/A		N/A					SUPPORT	OPPOSE
							CURRANT	