

Recipient Committee Campaign Statement Cover Page

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|--|--|
| Date Stamp RECEIVED JUL 29 2021 | CALIFORNIA FORM 460 Page <u>1</u> of <u>7</u> For Official Use Only |
| KINGS COUNTY ELECTIONS | |

| | |
|---|--|
| Statement covers period ⁴ from <u>07/01/2021</u> 2021 through <u>12/31/2021</u> 2021 ^{file} | Date of election if applicable: (Month, Day, Year) _____ |
|---|--|

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall <small>(Also Complete Part 5)</small> <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored <small>(Also Complete Part 6)</small> <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small> |
|---|---|

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

| | | | |
|--|-------------|--------------|-------------------|
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Elect Richard Fagundes | I.D. NUMBER | | |
| STREET ADDRESS (NO P.O. BOX) _____ | | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Hanford | CA | 93230 | 5597071655 |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX SAME | | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| OPTIONAL: FAX / E-MAIL ADDRESS Fagundeslaw@gmail.com | | | |

Treasurer(s)

| | | | |
|--|-------|----------|-----------------|
| NAME OF TREASURER Jacqlyn Habib | | | |
| MAILING ADDRESS SAME | | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| NAME OF ASSISTANT TREASURER, IF ANY Keith Fagundes | | | |
| MAILING ADDRESS SAME | | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| OPTIONAL: FAX / E-MAIL ADDRESS fagundeslaw@gmail.com | | | |

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 7/28/21 Date
 Executed on 7/28/21 Date
 Executed on _____ Date
 Executed on _____ Date

By Richard L Fagundes
Signature of Treasurer or Assistant Treasurer
 By Keith Fagundes
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
 By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent
 By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Richard Fagundes

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Supervisor District 5, County of Kings

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

| | |
|---|------------------------|
| COMMITTEE NAME Committee to Elect Richard Fagundes | I.D. NUMBER 1305000 |
|---|------------------------|

| | |
|------------------------------------|--|
| NAME OF TREASURER Jacqlyn Habib | CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|------------------------------------|--|

| | | | |
|-------------------|------------------------------|-------|----------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) | | |
| | CITY | STATE | ZIP CODE |
| | Hanford | CA | 93230 |
| | AREA CODE/PHONE | | |
| | 5597071655 | | |

| | |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
| | |

| | |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | |

| | | | |
|-------------------|------------------------------|-------|----------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) | | |
| | CITY | STATE | ZIP CODE |
| | | | |
| | AREA CODE/PHONE | | |
| | | | |

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| | | |

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

| | |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
| | |

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

| | | |
|---|---|--|
| NAME OF OFFICEHOLDER OR CANDIDATE Richard Fagundes | OFFICE SOUGHT OR HELD Supervisor Dist. 5 | <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|---|---|--|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| | | |

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| | | |

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| | | |

Attach continuation sheets if necessary

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

| | |
|---|----------------------------|
| Statement covers period from <u>1-1-21</u> through <u>6-30-21</u> | CALIFORNIA FORM 460 |
| Page <u>5</u> of <u>7</u> | I.D. NUMBER |

NAME OF FILER

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------|---|---|---------------------------|--------------------|---|------------------------------------|
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |

SUBTOTAL \$ 0

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period
from 1-1-21
through 6-30-21

**CALIFORNIA 460
FORM**

Page 6 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

| DATE RECEIVED | FULL NAME, STREET 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|--|--|----------------------------------|---------------------------|---|------------------------------------|
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | | | | SUBTOTAL \$ | | |

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.).....\$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100\$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....**TOTAL \$** 0

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

| | |
|--|----------------------------|
| Statement covers period from <u>1-1-21</u> through <u>10-30-21</u> | CALIFORNIA FORM 460 |
| Page <u>7</u> of <u>7</u> | I.D. NUMBER |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---------------------------|--------------------|---|------------------------------------|
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| SUBTOTAL \$ | | | | | | |

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 0
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** .. \$ 0