

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

|   |                                |
|---|--------------------------------|
| Date Stamp<br><b>RECEIVED</b><br><br><b>FEB 20 2020</b> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>1</u> of <u>3</u>                               |                                |
| For Official Use Only                                   |                                |
| <b>KINGS COUNTY ELECTIONS</b>                           |                                |

|  |  |
|--|--|
| Statement covers period<br>from <u>01/19/2020</u><br><br>through <u>02/15/2020</u> | Date of election if applicable:<br>(Month, Day, Year)<br><br><u>03/03/2020</u> |
|--|--|

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

**2. Type of Statement:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement   | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)  |   |

**3. Committee Information**

I.D. NUMBER  
1421459

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Elect Chrissakis for Kings County Superior Court Judge 2020

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

|                |           |              |                       |
|----------------|-----------|--------------|-----------------------|
| CITY           | STATE     | ZIP CODE     | AREA CODE/PHONE       |
| <u>Visalia</u> | <u>CA</u> | <u>93291</u> | <u>(559) 905-7050</u> |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
[REDACTED]

|                |           |              |                 |
|----------------|-----------|--------------|-----------------|
| CITY           | STATE     | ZIP CODE     | AREA CODE/PHONE |
| <u>Visalia</u> | <u>CA</u> | <u>93290</u> |                 |

OPTIONAL: FAX / E-MAIL ADDRESS  
Ibselln@comcast.net

**Treasurer(s)**

NAME OF TREASURER  
Evette Bakke

MAILING ADDRESS  
[REDACTED]

|                |           |              |                       |
|----------------|-----------|--------------|-----------------------|
| CITY           | STATE     | ZIP CODE     | AREA CODE/PHONE       |
| <u>Visalia</u> | <u>CA</u> | <u>93291</u> | <u>(559) 905-7050</u> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|      |       |          |                 |

OPTIONAL: FAX / E-MAIL ADDRESS

**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 02/18/2020  
Date

Executed on 02/18/2020  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Evette Bakke  
Signature of Treasurer or Assistant Treasurer

By Theresa Chrissakis  
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

|                           |     |
|---------------------------|-----|
| CALIFORNIA<br>FORM        | 460 |
| Page <u>2</u> of <u>3</u> |     |

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
Valerie Chrissakis

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)    CITY    STATE    ZIP  
[REDACTED]    Visalia    CA    93291

**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                                    | I.D. NUMBER   |
| NAME OF TREASURER                                 | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS    STREET ADDRESS (NO P.O. BOX) |   |
| CITY    STATE    ZIP CODE    AREA CODE/PHONE      |   |

  

|   |   |
|---|---|
| COMMITTEE NAME                                    | I.D. NUMBER   |
| NAME OF TREASURER                                 | CONTROLLED COMMITTEE?<br><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<br><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 | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|  |                                       |
|--|---------------------------------------|
| Statement covers period<br>from <u>01/19/2020</u><br>through <u>02/15/2020</u> | <b>CALIFORNIA<br/>FORM</b> <b>460</b> |
|  | Page <u>3</u> of <u>3</u>             |
|  | I.D. NUMBER<br>1421459                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elect Chrissakis for Kings County Superior Court Judge 2020

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ <u>0.00</u>   | \$ <u>0.00</u>                             |
| 2. Loans Received ..... Schedule B, Line 3            | <u>0.00</u>  | <u>0.00</u>                                |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ <u>0.00</u>   | \$ <u>0.00</u>                             |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | <u>0.00</u>  | <u>0.00</u>                                |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ <u>0.00</u>   | \$ <u>0.00</u>                             |

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

|                            | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____         | \$ _____    |
| 21. Expenditures Made      | \$ _____         | \$ _____    |

**Expenditures Made**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ <u>0.00</u>   | \$ <u>0.00</u>                             |
| 7. Loans Made ..... Schedule H, Line 3                      | <u>0.00</u>  | <u>0.00</u>                                |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ <u>0.00</u>   | \$ <u>0.00</u>                             |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | <u>0.00</u>  | <u>0.00</u>                                |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | <u>0.00</u>  | <u>0.00</u>                                |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ <u>0.00</u>   | \$ <u>0.00</u>                             |

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|   |                |
|---|----------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ <u>0.00</u> |
| 13. Cash Receipts ..... Column A, Line 3 above                              | <u>0.00</u>    |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | <u>0.00</u>    |
| 15. Cash Payments ..... Column A, Line 8 above                              | <u>0.00</u>    |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>0.00</u> |

If this is a termination statement, Line 16 must be zero.

|   |                |
|---|----------------|
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 | \$ <u>0.00</u> |
|---|----------------|

**Cash Equivalents and Outstanding Debts**

|   |                |
|---|----------------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ <u>0.00</u> |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ <u>0.00</u> |

To calculate Column B, add 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).

\*Amounts in this section may be different from amounts reported in Column B.