Statement Type Initial Amendment Termination - See Part 5 RECEIVED Recotional Use Daly Shot yet qualification threshold met Date qualification threshold met Date of fermination JAN 2 9 2021 1. Committee Information LD. Number (ft opplicable) 1429428 2. Treasurer and Other Principal Officers NAME OF TREASURER AND STREET ADDRESS (NO FOLD BOOK STREET ADDRESS (N	Statement of C Recipient Con	Date Stamp ·	CALIFORNIA 410				
Date qualification threshold met Date qualification threshold met Date qualification threshold met	-	☐ Initial	☑ Amendment	▼ Termination - See Part 5	RECEIVED	FORM FIU	
1. Committee Information L.D. Number (if applicable) 1429428 1429428 2. Treasurer and Other Principal Officers		Not yet qualified Or Or					
1. Committee Information I.D. Number (if opplicable) 1425428 2. Treasurer and Other Principal Officers NAME OF TRANSPORT STATE ZIP CODE AREA CODE/PHONE STREET ADDRESS (IND RO. BOD) STATE ZIP CODE AREA CODE/PHONE Anticlope CA 95843 (916) 749-3533 FULL MAJUNG ADDRESS (IF DIFFERENT) STATE ZIP CODE AREA CODE/PHONE Anticlope CA 95843 (916) 749-3533 FULL MAJUNG ADDRESS (IF DIFFERENT) STATE ZIP CODE AREA CODE/PHONE E-MAIL ADDRESS (IND RO. BOD) STATE ZIP CODE AREA CODE/PHONE E-MAIL ADDRESS (IND RO. BOD) STATE ZIP CODE AREA CODE/PHONE E-MAIL ADDRESS (IND RO. BOD) STATE ZIP CODE AREA CODE/PHONE E-MAIL ADDRESS (IND RO. BOD) STATE ZIP CODE AREA CODE/PHONE E-MAIL ADDRESS (IND RO. BOD) STATE ZIP CODE AREA CODE/PHONE AREA CODE/PHONE E-MAIL ADDRESS (IND RO. BOD) STATE ZIP CODE AREA CODE/PHONE AREA CODE/PHONE STREET ADDRESS (IND RO. BOD) STR		O Date qualification threshold met	Date qualification threshold met	Date of termination	JAN 2 9 2021		
MANE OF PENCHAND OFFICENCY ATTECH ADDRESS (NO P.O. BOX) STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Antelope CA 95843 (916) 749-3533 FULL MALADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE ANAME OF PENCHAND OFFICENCY COUNTY OF DOMIGIE INDISDICTION WHERE COMMITTEE IS ACTIVE Kings CITY STATE ZIP CODE AREA CODE/PHONE COUNTY OF DOMIGIE INDISDICTION WHERE COMMITTEE IS ACTIVE Kings CITY STATE ZIP CODE AREA CODE/PHONE THE TADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE CI		/		12 / 31 / 2020	THE COUNTY ELECTIO)NS	
NAME OF TREASURER TO Gail Crooms for Lemoore Elementary School Board 2020 Chelses Johnson STREET ADDRESS IND POLBOD CITY STATE 2P CODE AREA CODE/PHONE Antelope CA 95843 (916) 749-3533 FRUI MALINE ADDRESS IND POLBOD CTY STATE 2P CODE AREA CODE/PHONE Antelope CA 95843 (916) 749-3533 FRUI MALINE ADDRESS IND POLBOD FRUI MALINE ADDRESS IND PREASURE, IF ANY STREET ADDRESS IND POLBOD CYCOMBRIGGIAND ADDRESS IND PREASURE, IF ANY STREET ADDRESS IND POLBOD E-MAIL ADDRESS IN	1. Committee I			2. Treasurer and O	ther Principal Officers		
STREET ADDRESS (NO PO. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Antelope CA 95843 (916) 749-3533 FULL MALLING ADDRESS (PO POR BOX) E-MAIL ADDRESS (RECURSED) / RAX (POPTIONAL) CHY STATE ZIP CODE AREA CODE/PHONE ANAME OP ASSISTANT TREASURER, IF ANY STREET ADDRESS (NO PO. BOX) TREET ADDRESS (NO PO. BOX) STREET ADDRESS (NO PO. BOX) TREET ADDRESS (NO PO. BOX) STREET ADDRESS (NO PO. BOX)	NAME OF COMMITTEE		/	NAME OF TREASURER			
Antelope CA 95843 (916) 749-35 Antelope CA 95843 (916) 749-3533 FULL MAILING ADDRESS (IF DIFFERENT) EMAIL ADDRESS (IF DIFFERENT) COUNTY OF DOMICIE LURSDICTION WHERE COMMITTEES ACTIVE NAME OF PRINCIPAL OFFICER(S) Kings Kings County	Dr Gail Crooms	for Lemoore Elementary Schoo	l Board 2020		H	······································	
Antelope CA 95843 (916) 749-3 Antelope CA 95843 (916) 749-3533 FULL MAILING ADDRESS (IF DIFFERENT) EMAIL ADDRESS (IF DIFFERENT) COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE Kings Attach additional information on appropriately labeled continuation sheets. CITY STATE ZIP CODE AREA CODE/PHON AREA CODE/PHON CITY STATE ZIP CODE AREA CODE/PHON							
Antelope CA 95843 (916) 749-3533 FULL MALLING ADDRESS (IF DIFFERENT) EMAIL ADDRESS (IF DIFFERENT) EMAIL ADDRESS (IF DIFFERENT) TOURN OF POMICIE JURISDICTION WHERE COMMITTEE IS ACTIVE Kings Attach additional information on appropriately labeled continuation sheets. TOTY STATE TIP CODE AREA CODE/PHON TOTY STATE TOTY	STREET ADDRESS (NO P.	O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
Antelope CA 95843 (916) 749-3533 FULL MAILING ADDRESS (IPCUIRED) / FAX (OPTIONAL) E-MAIL ADDRESS (IPCUIRED) / FAX (OPTIONAL) CYCOMB®C jandassociatesinc.com / (916) 865-4657 COUNTY OF DOMICLE Wings County Kings County Kings County Attach additional information on appropriately labeled continuation sheets. 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 1/23/2021 By SIGNATURE OF TONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on By	CITY	STATE 710 d	CODE APEA CODE/BUONE			95843	(916)749-3533
FULL MAILING ADDRESS (IF DIFFERENT) E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) CTOOMS@Cjandassociatesinc.com / (916) 865-4657 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE Kings Kings Kings County Attach additional information on appropriately labeled continuation sheets. 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 1/23/2021 DATE By SIGNATURE OF TREASURER OR ASSISTANT TREASURER PROPONENT Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on By					AN1		
CYOOMS@Cjandassociatesinc.com / (916) 865-4657 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE NAME OF PRINCIPAL OFFICER(S) STREET ADDRESS (NO P.O. BOX)			35043 (316)/43-35				
Attach additional information on appropriately labeled continuation sheets. Attach additional information on appropriately labeled continuation sheets. The state and complete is active 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 1/23/2021 By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on By	E-MAIL ADDRESS (REQU	IRED) / FAX (OPTIONAL)		СПҮ	STATE	ZIP CODE	AREA CODE/PHONE
Attach additional information on appropriately labeled continuation sheets. 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 1/23/2021 By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on By							
Attach additional information on appropriately labeled continuation sheets. 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 1/23/2021 By SIGNATURE OF TREASURER OR ASSISTANT TREASURER Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on By				NAME OF PRINCIPAL OFFICER(S)			
Attach additional information on appropriately labeled continuation sheets. 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 1/23/2021 By SIGNATURE OF TREASURER OR ASSISTANT TREASURER Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on By	Kings	Kings County	/	STREET ADDRESS (NO P.O. BOX)			
Attach additional information on appropriately labeled continuation sheets. 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 1/23/2021 By SIGNATURE OF TREASURER OR ASSISTANT TREASURER Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on By							
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 1/23/2021	Attach additional	l information on appropriately lab	beled continuation sheets.	CITY	STATE	ZIP CODE	AREA CODE/PHONE
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 1/23/2021							
penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on 1/23/2021 By		reasonable diligence in preparing	this statement and to the bes	st of my knowledge the information	on contained herein is true	and complete	e. I certify under
Executed on DATE Executed on DATE DATE By Dr. Hall Cushw SIGNATURE OF TREASURER OR ASSISTANT TREASURER By Dr. Hall Cushw SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on By				· -			
Executed on 1/23/2021 By Du , Have Controlling officeholder, candidate, or state measure proponent Executed on Date By Signature of controlling officeholder, candidate, or state measure proponent Executed on By Signature of controlling officeholder, candidate, or state measure proponent	Executed on	1/23/2021 By	Mall				
Executed on By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on By		3/1	MATTI	,			
Executed onBySIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed onBy	Executed on				ASURE PROPONENT		
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on By	Executed on	Rv	PARTICIDATE OF THE	THE STATE OF FEMALES AND SECURE OF STATE OF STAT			
		DATE	SIGNATURE OF CONT	TROLLING OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT		
	Executed on	DATE By	SIGNATURE OF COM-	TROUTING OFFICEHOLDER CANDIDATE OF STATE AND	ASURE DRODONENT		·

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

Statement of Organization Recipient Committee						CALIFO FOR		0
INSTRUCTIONS ON REVERSE							ge 2 of 4	
COMMITTEE NAME					1.1). NUMBER		
Dr Gail Crooms for Lemoore Elementary School Board 2020						142	9428	
 All committees must list the financial institution where the campaign l 	bank account is loc	cated.						
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHO	NE	BANK ACCOU	NT NUMBER				
First Foundation Bank	(916)724-	2424						
ADDRESS	CITY		STATE	ZIP	CODE			
	Roseville		CA	9	95661			
4. Type of Committee Complete the applicable sections.	500 4 (1) an (6) 4400	de la cipa de la Carta de La Region de Region de la Carta de la Ca	al-al-le-julogasies Salaksiai pinkajasi				olden vertice disapplification	
 List the political party with which each officeholder or candidate If this committee acts jointly with another controlled committee 	e, list the name a		of the othe			RTY		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		Lemoore Union Elementary School District Trustee			Nonpartisan		list political party	below)
Dr Gail Crooms	Kings Coun	Kings County District 2			Х			
					Nonpartisan	Partisan	(list political party	below)
							100.00	
Primarily Formed Committee Primarily formed to support or CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR L	LETTER)	CANDIDATE(S) OFFIC	E SOUGHT OR H		JRE(S) JURISDICTIO	N	CHECK	ONE
IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME	<u>. </u>	(INCLUDE DIST	KILI NO., CITY	OR COUNTY, AS	1 541 E #1 1041 154 164		SUPPORT	OPPOSE
							SUPPORT	OPPOSE

Statement of Organization Recipient Committee

california 410

INSTRUCTIONS	ON	REVI	ERSE
--------------	----	------	------

Page 3 of 4

COMMITTEE NAME					1.1	D. NUMBER
Dr Gail Crooms for Lemoore E	lementary School Board 20	20				1429428
4. Type of Committee	Continued)				7,90 (10 (2) (3) (4) (10 (2) (2)	riinale (di carantare) de la caracte di arte esc
General Purpose Committee	Not formed to support or o	ppose specific candidat		e election. Check		
PROVIDE BRIEF DESCRIPTION OF ACTIVITY						
Sponsored Committee List	additional sponsors on an att	achment.				
NAME OF SPONSOR		INDUST	Y GROUP OR AFFILIATION OF SPONSOR	:		
STREET ADDRESS NO. AND STR	EET	city		STATE	ZIP CODE	AREA CODE/PHONE
Small Contributor Committee	Date qualified					
5. Termination Requirement	and a surface of the desired for the surface of the	desid ika misa kana kana kana kana kana kana kana ka	urer and/or candidate, officehol	der, or proponent certi	fy that all of the follo	wing conditions have been met:
This committee has ceased		•	I			
 This committee does not a 	nticipate receiving contribution	ons or making expendit	ures in the future;			
 This committee has elimin 	ated or has no intention or ab	ility to discharge all del	ts, loans received, and o	ther obligations;		
 This committee has no sur 	plus funds; and					
This committee has filed a	ll campaign statements requir	ed by the Political Refo	rm Act disclosing all repo	rtable transactions	s.	
 There are restrictions o Code Section 89519. 	n the disposition of surplus ca	empaign funds held by e	elected officers who are le	eaving office and b	y defeated cand	idates. Refer to Government
	measure committees may be de Section 18680 and FPPC Re		ative or governmental pu	ırposes under Gov	ernment Code S	ections 89511 - 89518, and are

Additional Comments For Form 410

CALIFORNIA 410

Page	4	of	4	
I.D. NUN	BER			٦

1429428

COMMITTEE NAME
Dr Gail Crooms for Lemoore Elementary School Board 2020

Additional Mailing Address: Post Office Box 836, Lemoore, CA 93245