

141885!

Statement of Organization Recipient Committee

Statement Type

Initial [checked] Amendment [ ] Termination - See Part 5 [ ]
Not yet qualified or Date qualification threshold met

RECEIVED AND FILED MAY 28 2019 CALIFORNIA FORM 410 JUN 02 2019 KINGS COUNTY ELECTIONS

1. Committee Information I.D. Number (if applicable) 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE: Chavarin for HJUHS Trustee 2022
STREET ADDRESS (NO P.O. BOX):
CITY: Armona STATE: CA ZIP CODE: 93202 AREA CODE/PHONE: 559-212-8800
FULL MAILING ADDRESS (IF DIFFERENT): PO BOX 863 Armona CA, 93202
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): VictorJrChavarin@gmail.com
COUNTY OF DOMICILE: Kings JURISDICTION WHERE COMMITTEE IS ACTIVE:

NAME OF TREASURER: Victor Chavarin
STREET ADDRESS (NO P.O. BOX):
CITY: Armona STATE: CA ZIP CODE: 93202 AREA CODE/PHONE: 5592128800
NAME OF ASSISTANT TREASURER, IF ANY: Lisa Chavarin
STREET ADDRESS (NO P.O. BOX):
CITY: Armona STATE: CA ZIP CODE: 93202 AREA CODE/PHONE: 5593621691
NAME OF PRINCIPAL OFFICER(S):
STREET ADDRESS (NO P.O. BOX):
CITY: 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 5-23-2019 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on [ ] By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on [ ] By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on [ ] By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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