

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

Date Stamp
RECEIVED
JUL 15 2024
KINGS COUNTY ELECTIONS

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information				I.D. Number <i>(if applicable)</i>				2. Treasurer and Other Principal Officers					
NAME OF COMMITTEE Chavarin for Kings County Board of Education, 2024				NAME OF TREASURER Gary Chavarin									
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Hanford		STATE CA		ZIP CODE 93230					
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) victorjrchavarin@gmail.com				EMAIL ADDRESS OF TREASURER (REQUIRED) victorjrchavarin@gmail.com				AREA CODE/PHONE [REDACTED]					
CITY Hanford				STATE CA		ZIP CODE 93230		AREA CODE/PHONE [REDACTED]					
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY									
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) victorjrchavarin@gmail.com				STREET ADDRESS (NO P.O. BOX)				CITY		STATE		ZIP CODE	
COUNTY OF DOMICILE Kings		JURISDICTION WHERE COMMITTEE IS ACTIVE Kings		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)				AREA CODE/PHONE					
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S)									
				STREET ADDRESS (NO P.O. BOX)		CITY		STATE		ZIP CODE			
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)				AREA CODE/PHONE					

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 7/9/24 By [REDACTED]
DATE TREASURER OR ASSISTANT TREASURER

Executed on 7/9/24 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Chavarin for Kings County Board of Education, 2024	I.D. NUMBER
--	-------------

• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Education Employees Credit Union	AREA CODE/PHONE 1-800-538-3328	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	CITY Fresno	STATE CA
		ZIP CODE 93755

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Victor Chavarin Jr.	Kings County Board of Education, Area 5	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE