

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met

Amendment

Date qualification threshold met

12 / 20 / 1993

Termination - See Part 5

Date of termination

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

JUL 31 2020

**CALIFORNIA
FORM 410**

For Official Use Only
RECEIVED

AUG 18 2020

KINGS COUNTY ELECTIONS

1. Committee Information				I.D. Number 931318 <i>(if applicable)</i>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Kings County Democratic Central Committee				NAME OF TREASURER Carol Ann Dyer				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Hanford		STATE CA		ZIP CODE 93230		AREA CODE/PHONE [REDACTED]	
CITY Hanford		STATE CA		ZIP CODE 93230		AREA CODE/PHONE (559) 583-7144		NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				CITY STATE ZIP CODE AREA CODE/PHONE			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) bcdyer@att.net				NAME OF PRINCIPAL OFFICER(S) Cathy Jorgenson				STREET ADDRESS (NO P.O. BOX) 1423 North Irwin Street			
COUNTY OF DOMICILE Kings		JURISDICTION WHERE COMMITTEE IS ACTIVE Kings		CITY Hanford		STATE CA		ZIP CODE 93230		AREA CODE/PHONE [REDACTED]	
<p><i>Attach additional information on appropriately labeled continuation sheets.</i></p>											

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 7/15/20 By [REDACTED]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

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COMMITTEE NAME Kings County Democratic Central Committee	I.D. NUMBER 931318
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION WestAmerica Bank	AREA CODE/PHONE (800) 848-1088	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS [REDACTED]	CITY Hanford	STATE CA	ZIP CODE 93230

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		(list political party below)
Cathy Jorgenson	Chairman, Democratic Central Committee	2020	Nonpartisan	Partisan <input checked="" type="checkbox"/>	Democrat
Barbara Hill	Secretary, Democratic Central Committee	2020	Nonpartisan	Partisan <input checked="" type="checkbox"/>	Democrat

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
		SUPPORT	OPPOSE

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COMMITTEE NAME

Kings County Democratic Central Committee

I.D. NUMBER

931318

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

To support and oppose state and local candidates and ballot measures.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.