Statement of Organization
Recipient Committee

Date Stamp
RECEIVED
SEP 2 5 2024
KINGS COUNTY ELECTIONS

For Official Use Only

Statement Type	☐ Initial ○ Not yet qualified or ○ Date qualification threshold met ___/___/___	☐ Amendment Date qualification threshold met ___/___/___	☑ Termination – See Part 5 Date of termination 09 / 16 / 2024

1. Committee Information   I.D. Number (if applicable) 1305000

NAME OF COMMITTEE
COMMITTEE TO ELECT RICHARD FAGUNDES

STREET ADDRESS (NO P.O. BOX)
█████████████

CITY	STATE	ZIP CODE	AREA CODE/PHONE
HANFORD	CA	93230	████████

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
FAGUNDESLAW@GMAIL.COM

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
KINGS	KINGS COUNTY

Attach additional Information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
JACKIE SMITH

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
█████████████	HANFORD	CA	93230

EMAIL ADDRESS OF TREASURER (REQUIRED)	AREA CODE/PHONE
FAGUNDESLAW@GMAIL.COM	

NAME OF ASSISTANT TREASURER, IF ANY
KEITH FAGUNDES

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
█████████████	HANFORD	CA	93230

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)	AREA CODE/PHONE
FAGUNDESLAW@GMAIL.COM	

NAME OF PRINCIPAL OFFICER(S)
RICHARD FAGUNDES

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
█████████████	HANFORD	CA	93230

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)	AREA CODE/PHONE
FAGUNDESLAW@GMAIL.COM	

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	9-16-24	By	_____
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	9-16-24	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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INSTRUCTIONS ON REVERSE

COMMITTEE NAME	I.D. NUMBER
COMMITTEE TO ELECT RICHARD FAGUNDES	1305000

- 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	AREA CODE/PHONE	BANK ACCOUNT NUMBER
FAST CU	███████	███████

ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE
████████	HANFORD	CA	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		
			Nonpartisan	Partisan	(list political party below)
RICHARD FAGUNDES	KINGS CO BOARD OF SUPS	2024	✔		
			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
		SUPPORT	OPPOSE

FPPC Form 410 (October/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov