

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or Date qualification threshold met
 Date qualification threshold met _____ Date of termination _____

Date Stamp
RECEIVED
 SEP 26 2024
CALIFORNIA FORM 410
 For Official Use Only
 KINGS COUNTY ELECTIONS

Committee Information **Treasurer and Other Principal Officers**

NAME OF COMMITTEE
 Kings County Deputy Sheriff's Association PAC sponsored by the Deputy Sheriffs Association of Kings County

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
 Hanford, CA 93230 _____

FULL MAILING ADDRESS (IF)
 PO Box 313 Hanford, CA 93232

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
 kellylawler@thekalgroup.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Kings Kings County

NAME OF TREASURER
 Kelly Lawler

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
 _____ Hilmar, CA 95324

EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE
 kellylawler@thekalgroup.com _____

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
 Nathan Ferrier

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
 _____ Hanford, CA 93230

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE
 kcda334@gmail.com _____

Attach additional information on appropriately labeled continuation sheets

SWORN STATEMENT

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 Sep 21 2024 By _____
 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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 _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME

Kings County Deputy Sheriff's Association PAC sponsored by the Deputy Sheriffs

I. D. NUMBER

1425776

- 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

Tri Counties Bank

Kelly Lawler

AREA CODE/PHONE

BANK ACCOUNT NUMBER

ADDRESS OF FINANCIAL INSTITUTION

CITY

STATE

ZIP CODE

Turlock, CA 95380

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)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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COMMITTEE NAME

Kings County Deputy Sheriff's Association PAC sponsored by the Deputy Sheriffs Association of Kings County

I. D. NUMBER

1425776

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 local pro law enforcement candidates

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Deputy Sheriffs Association of Kings County

INDUSTRY GROUP OF AFFILIATION OF SPONSOR

Deputy Sheriffs

STREET ADDRESS

NO. AND STREET

CITY

Hanford

STATE

CA

ZIP CODE

93230

Small Contributor Committee

Date Qualified

- 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.

<small>NAME OF FILER</small> Kings County Deputy Sheriff's Association PAC sponsored by the Deputy Sheriffs Association of Kings County	<small>ID. NUMBER</small> 1425776
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FORM	REFERENCE	NOTES	
CA 410	Cover - Additional Officers	<small>NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE</small> Andrew Mazza	
		<small>STREET ADDRESS</small> [REDACTED]	<small>CITY / STATE / ZIP CODE</small> Hanford, CA 93230
		<small>EMAIL ADDRESS</small> apmazza85@gmail.com	<small>AREA CODE/PHONE</small> [REDACTED]