ALIFORNIA 460 FORM 7/01/2024 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees—Complete Parts 1, 2, and 4. 2. Officeholder, Candidate Controlled Committee State Controlled Statement Statement Statement Statement Statement Statement Statement Special Odd-Year Report Committee Information LD. NUMBER 1472933 COMMITTEE NAME (or Convious Familie in No Committee) Information Statement Special Odd-Year Report Treasurer(s) NAME OF TREASURER Gary Chavarin MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE Tanford CA 93230 MAILING ADDRESS (IO RO. BOX) Treasurer(s) NAME OF TREASURER, Fany MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE Tanford CA 93230 MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX/E-MAIL ADDRESS Victor(prchavarin@gmail.com)	Recipient Committee				COVER PAGE
Statement covers period from 97/01/2024 Date of election !! applicable: (Month, Day, Year) OCT 0 8 2024 For Official Use Only See INSTRUCTIONS ON REVERSE 11/05/2024 I1/05/2024 I1/05/202	Campaign Statement			Date Stamp	
SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees — Complete Parts 1, 2, 3, and 4. Officion Dispute Parts Dispu	Cover Page		į.	RECEIVED	
SEE INSTRUCTIONS ON REVERSE Trough 09/21/2024 through 09/21/2024	[Statement covers period	Date of election if applicable:		Page of
1. Type of Recipient Committee: Ail Committees: A Committee Agriculture Committee Agriculture Committee Agriculture Committee Agriculture		from 07/01/2024	(Month, Day, Year)	OCT 0 3 2024	For Official Use Only
Controlled Committee Primarity Formed Ballot Measure State Candidate Controlled Controlled State Candidate Election Committee State Candidate Election Committee Controlled Special Odd-Year Report Special Odd-	SEE INSTRUCTIONS ON REVERSE	through <u>09/21/2024</u>		IGS COUNTY ELECTION	ns
State Candidate Election Committee Controlled Sponsored Controlled Sponsored Controlled Sponsored Controlled Sponsored Controlled Sponsored Controlled Sponsored Controlled Small Contributor Committee Controlled Control	1. Type of Recipient Committee: All Committees - Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) CHAVARIN FOR KINGS COUNTY BOARD OF EDUCATION AREA 5, 2024 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Hanford CA 93230 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE AREA CODE/PHONE Hanford CA 93230 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX/E-MAILADDRESS VICTOR/ICCAMPAILADDRESS VICTOR/ICCAMPAILADDRESS VICTOR/ICCAMPAILADDRESS VICTOR/ICCAMPAILADDRESS OPTIONAL: FAX/E-MAILADDRESS VICTOR/ICCAMPAILADDRESS VICTOR/ICCAMPAILADDRESS VICTOR/ICCAMPAILADDRESS OPTIONAL: FAX/E-MAILADDRESS VICTOR/ICCAMPAILADDRESS V	State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	ommitiee] Controlled] Sponsored • Complete Part 6) Imarily Formed Candidate/ ficeholder Committee	Semi-annual Statement Termination Statement (Also file a Form 410 Te	t L	uarterly Statement ecial Odd-Year Report
CHAVARIN FOR KINGS COUNTY BOARD OF EDUCATION AREA 5, 2024 CHAVARIN FOR KINGS COUNTY BOARD OF EDUCATION AREA 5, 2024 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Hanford CA 93230 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE AREA CODE/PHONE Hanford CA 93230 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS Victor ip chavar in @gmail.com 1. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the Information contained herein and in the attached schedules is true and complete. I	J. CUBBBBBBB BBCCOBBBB		Treasurer(s)	. 14414	
STREET ADDRESS (NO R.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Hanford CA 93230 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE AREA CODE/PHONE Hanford CA 93230 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS victor/rchavarin@gmail.com 1 have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the Information contained herein and in the attached schedules is true and complete. I	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Hanford CA 93230 Hanford CA 93230 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX /E-MAIL ADDRESS Victor ir chavarin@gmail.com I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the Information contained herein and in the attached schedules is true and complete. I	CHAVARIN FOR KINGS COUNTY BOARD OF EDI	UCATION AREA 5, 2024		THE RESERVE OF THE PERSON OF T	
CITY STATE ZIP CODE AREA CODE/PHONE Hanford CA 93230 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX /E-MAIL ADDRESS Victor ir chavarin@gmail.com I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the Information contained herein and in the attached schedules is true and complete. I	STREET ADDRESS (NO P.O. BOX)		CITY	STATE 7ID	CODE AREA CODE/BUONE
Hanford CA 93230 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS victor ir chavar in @gmail.com 1 have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the Information contained herein and in the attached schedules is true and complete. I					
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS victor ir chavar in @gmail.com 1 have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the Information contained herein and in the attached schedules is true and complete. I	CITY STATE ZIP COD	E AREA CODE/PHONE			
OPTIONAL: FAX / E-MAIL ADDRESS Victor in chavar in @gmail.com I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the Information contained herein and in the attached schedules is true and complete. I					
OPTIONAL: FAX / E-MAIL ADDRESS victor irchavarin@gmail.com 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the Information contained herein and in the attached schedules is true and complete. I	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
victorirchavarin@gmail.com 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the Information contained herein and in the attached schedules is true and complete. I	CITY STATE ZIP COD	E AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ESS	
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the Information contained herein and in the attached schedules is true and complete. I	victorirchavarin@gmail.com				
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the Information contained herein and in the attached schedules 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.					
certify under penalty of perjury under the laws of the State of California that the foregoing is true-and correct.	I have used all reasonable diligence in preparing and reviewing	this statement and to the best of my	knowledge the Information contained	herein and in the attached s	chedules is true and complete. I
the same Board to	certify under penalty of perjury under the laws of the State of C	alifornia that the foregoing is frue and	correct.		
Executed on Date By Signature of Treasurer or Assistant Treasurer	Executed on Date	. Ву	Signature of Transurer or Assistant	Transurar	
Executed on O-2-2004 By Usignature of Convolling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	Executed on 10-2-2524	By Vsignature of Cont			nsor
Executed on	Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	
Executed on	Executed onDate	Ву	Signature of Controlling Officeholder, Candidate S	State Measure Proportent	

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART	2
CALIFORNIA 460	
Page 2 of 1	

Officeholder or Candidate Controlled	Committee	6.	. Primarily Formed Ballo	t Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		•	NAME OF BALLOT MEASURE			
Victor Chavarin Jr.						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION)	AND DISTRICT NUMBER IF APPLICABLE)	•	BALLOT NO, OR LETTER	JURISDICTI	ON	SUPPORT
Kings County Board of Education, Area 5						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND ST	REET) CITY STATE ZIP Hanford CA 93230	•	Identify the controlling office	holder, candi	date, or state measure	proponent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	PROPONENT	
Related Committees Not Included in not included in this statement that are controlled contributions or make expenditures on behalf of	by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRIC	T NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
	W name					
NAME OF TREASURER	CONTROLLED COMMITTEE?	. 7	. Primarily Formed Cand	lidate/Offic	eholder Committe	C List names of
	YES NO		officeholder(s) or candidate(s)	tor which this	committee is primarily t	ormea.
COMMITTEE ADDRESS STREET ADDRESS		•	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR I	HELD SUPPORT
						OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	
Partie I I I I I I I I I I I I I I I I I I I						SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR F	HELD.
				G/11/2/3/1/2	JAN TOLL GOOD AND ONLY	☐ SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OPPOSITOR OF AR	441101015155	CEETING COLUMN CE	OPPOSE
	☐ YES ☐ NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS		•				☐ OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE	•	Atta	ch continuatio	on sheets if necessary	
					•	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER CHAVARIN FOR KINGS COUNTY BOARD OF EDUCATION AREA 5, 2024 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE **General Elections** 4,721.71 1. Monetary Contributions Schedule A. Line 3 1/1 through 6/30 7/1 to Date 2. Loans Received Schedule B. Line 3 20. Contributions 4,721.71 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 1,584 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 6,305.71 Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 1,810.97 6. Payments Made...... Schedule E. Line 4 **Candidates** 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made* 1,810.97 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (if Subject to Voluntary Expenditure Limit) 477.36 Date of Election Total to Date (mm/dd/yy) 2,288.33 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 4,721.71 add amounts in Column A to the corresponding *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 1,810.97 15. Cash Payments Column A, Line 8 above amounts in Column A may 2,910.74 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ _ only carry over the amounts from Lines 2, 7, and 9 (If **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents See instructions on reverse 477.36 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars,

SCHEDULE A

Monetary Contributions Received		to	whole dollars,	Statement cov from <u>07/01/2024</u>	· · · · · · · · · · · · · · · · · · ·	CALIFORNIA 460 FORM		
EE INSTRUCTI	IONS ON REVERSE			through <u>09/21/20</u>)24	Page	4 of 11	
IAME OF FILER CHAVARIN	R N FOR KINGS COUNTY BOARD OF EDUCATION AR	REA 5, 2024				I.D. NU 147293		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
7/12/2024	Alexander Tavlian Fresno CA, 93711	☑IND □COM □OTH □PTY □SCC	Principal ParkWest	104.42				
7/15/2024	Raul Ayala Fresno CA, 93730	☑IND □COM □OTH □PTY □SCC	Doctor Raul Ayala, MD	520.87			are will a residence of a second seco	
7/19/2024	Erik Kenny Coronado CA, 92118	VIND □ COM □ OTH □ PTY □ SCC	US Navy	104.42				
7/22/2024	Alicia Jacobo Kettleman City CA, 93239	□IND □COM □OTH □PTY □SCC	District Director California State Senate	212.36				
7/22/2024	Alex Vartabedian Fresno CA	☑ IND □ COM □ OTH □ PTY □ SCC	Self-Employed	127.54				
			SUBTOTAL S	1069.61				
. Amount re (Include al	A Summary eceived this period – itemized monetary contribution Il Schedule A subtotals.)				IND - COM OTH	(other	al ent Committee than PTY or SCC) e.g., business entity)	
. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C				scc		Contributor Committee	

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period from 07/01/2024	california 460
		through <u>09/21/2024</u>	Page 5 of 11
NAME OF FILER			I.D. NUMBER
CHAVARIN FOR KINGS COUNTY BOARD OF EDUCATION	N AREA 5, 2024		1472933

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.O. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/22/2024	Melanie Jones Hanford, CA 93230	☑IND □COM □OTH □PTY □SCC	Tax Department Manager Demera, Demera, Cameron	250		
7/23/2024	Edwin Hojilla Hanford, CA 93230	☑ IND □ COM □ OTH □ PTY □ SCC	Doctor	212.36		
7/28/2024	Veronica Chavarin Hanford, CA 93230	☑IND □COM □OTH □PTY □SCC	Kings Rehabilitation Center	127.54		
7/29/2024	Eric Coyne Visalia CA, 93277	☑IND □COM □OTH □PTY □SCC	District Rep. California State Senate	200		
7/29/2024	Amy Simmons Hanford CA, 93230	IZIND □ COM □ OTH □ PTY □ SCC	Adventist Health	120		
SUBTOTAL \$ 909.90						

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period from 07/01/2024	CALIFORNIA 460
		through <u>09/21/2024</u>	Page _6 of _11
NAME OF FILER			I.D. NUMBER
CHAVARIN FOR KINGS COUNTY BOARD OF EDUCATION AREA	5, 2024		1472933

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2024	Lindsey Calvillo Hanford, CA 93230	☑IND □COM □OTH □PTY □SCC	Principal HESD	104.42		
8/5/2024	Jennifer Vikjord Hanford, CA 93230	☑IND □COM □OTH □PTY □SCC		104.42		
8/9/2024	Chris Garcia Lemoore, CA 93245	☑IND □COM □OTH □PTY □SCC	Photographer GSP Studios	260.59		
8/15/2024	Betty Mcvay Hanford, CA 93230	☑IND □COM □OTH □PTY □SCC	Professor Porterville College	104.42		
8/15/2024	Erica Howe Stratford, CA 93266	☑IND □COM □OTH □PTY □SCC	Self Employed	260.59		
SUBTOTAL \$ 834,44						

*Contributor Codes

IND - Individual

COM – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

wonetary	Contributions Received	to whole (nonars.	Statement covers period from 07/01/2024		CALIFORNIA A			
NAME OF FILER				through <u>09/21/20</u>	24	Page _			
	FOR KINGS COUNTY BOARD OF EDUCATION ARE	A 5, 2024				1.D. NU 14729	IMBER 33		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
8/20/2024	Mark Kairis Hanford, CA 93230	☑IND □COM □OTH □PTY □SCC	Retired	150					
08/20/2024	VALLEY FAMILIES FOR MELISSA HURTADO FOR SENATE 2026 1456951	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		500			, , , , , , , , , , , , , , , , , , , ,		
9/14/2024	Jeff Csiszar Hanford, CA 93230	☑IND □COM □OTH □PTY □SCC	Retired	500		7.77			
9/19/2024	Aaron Brieno West Sacramento, CA 95691	☑IND □COM □OTH □PTY □SCC	Lawyer California State Senate	104.42					
9/21/2024	Robert Thayer Hanford CA, 93230	☑IND □COM □OTH □PTY □SCC	Under-Sheriff Kings County	104.42					
	SUBTOTAL \$ 1358.84								

*Contributor Codes

IND - Individual COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party

SCC - Small Contributor Committee

Schedu Nonmo	le C netary Contributions Received		Amounts may be rounded to whole dollars.			Statement covers n07/01/2024	period		schedule ORNIA 460 RM
	CTIONS ON REVERSE				thre	ough		Page	8_ of_U_
CHAVARI	ER N FOR KINGS COUNTY BOARD OF EDUCA'	TION AREA 5	, 2024					I.D. NUM 147293	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SER		AMOUNT/ FAIR MARKET VALUE	CALEND:	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
7/29/24	Brandon Clement Hanford, CA 93230	☑ IND □ COM □ OTH □ PTY □ SCC	Self Employed	Food for Fundraiser		500			
9/17/24	Chris Garcia Lemoore, CA 93245	☑IND □COM □OTH □PTY □SCC	Photographer GSP Studios	PRO		250			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM □OTH □PTY □SCC							
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	DTAL	\$ 750			
1. Amount (Include	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.) received this period – unitemized nonmone	****************	***************************************			750 834	IND CON	(other th I – Other (e ' – Political	I nt Committee nan PTY or SCC) .g., business entity)
	nmonetary contributions received this period les 1 and 2. Enter here and on the Summary		mn A, Lines 4 and 10.)	тот	\L\$_	1,584	_		

Schedule	E
Payments	Made

SCHEDULE E

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from 07/01/2024	CALIFORNIA 460
EEE INSTRUCTIONS ON REVERSE		through <u>09/21/2024</u>	Page Q of 1
IAME OF FILER			I.D. NUMBER
CHAVARIN FOR KINGS COUNTY BOARD OF	EDUCATION AREA 5, 2024		1472933
CODES: If one of the following codes accura	ately describes the payment, you may enter the co	ode. Otherwise, describe the payment.	

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events FND independent expending consciprants MBR member communications MER petition costs FND politic expenses SAL campaign workers' salaries t.v. or cable airtime and production costs t.v. or cable airtime and production costs t.v. or cable airtime and production costs TEL t.v. or cable airtime and production costs TRS staff/spouse travel, lodging, and meals STAL sampaign workers' salaries t.v. or cable airtime and production costs t.v. or cable airtime and production costs TRS staff/spouse travel, lodging, and meals TRS staff/spouse travel, lodging, and meals	COD	ES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise,	describe the payment.
LEG legal defense PRO professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings PRT print ads VEB information technology costs (internet, e-mail)	CMP CNS CTB CVC FIL FND IND LEG	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events Independent expenditure supporting/opposing others (explain)* legal defense	MBR MTG OFC PET PHO POL POS PRO	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting)	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production costs returned contributions campalgn workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	CODE OR DESCRIPTION OF PAYMENT		
UZ Marketing Texas	СМР	Campaign Signs	457.16	
UZ Marketing Texas	СМР	Campaign Signs	309.15	
The Home Depot Hanford, CA 93230	СМР	Stakes for signs	136.42	

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$** 902.73 Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100......\$ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

SCH	Eni	11 =	Ε.	100	MT
SUL	EU	JLE	=	IUU	NI.

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period 07/01/2024 from	CALIFORNIA 460
through <u>09/21/2024</u>	Page 10 of 11
	I.D. NUMBER
	1472933

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CHAVARIN FOR KINGS COUNTY BOARD OF EDUCATION AREA 5, 2024

COD	ES: If one of the following code	s accurately describes the	payment, you may enter the code.	Otherwise,	describe the payment.
	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events		polling and survey research		staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/oppos	sing others (explain)* POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor

LEG legal defense PRO professional services (legal, accounting) VOT voter registration
LIT campaign literature and mailings PRT print ads VEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Madonna Inn	CVC	Donation item for SPHS Fundraiser	140
Political Data Inc.	PRO	Data	179.45

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

	SCHEDULE			
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from 07/01/2024	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE	Page of			
NAME OF FILER CHAVARIN FOR KINGS COUNTY BOARD OF EDUCATION AREA 5, 2024			I.D. NUMBER 1472933	
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. CMB campaign consultants COTE contribution (explain nonmonetary)* COTE cont				

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Victor Chavarin Jr. Hanford, CA 93230	СМР		477.36	0	477.36
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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	<u> </u>	\$ 477.36		<u> </u>

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	477.36
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May be a negative number