Only

PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. ALIFORNIA FUTURE FUND PAC PO Box 730 ADDRESS (number and street) (Check if address is changed) Hilmar 95324 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kellylawler@thekalgroup.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 05 2017 C00561308 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Lawler, Kelly, , , Type or Print Name of Treasurer Lawler, Kelly, , , [Electronically Filed] 01 05 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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		OMMITTEE	Page 2
		Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
Name Cand	e of lidate		
	lidate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Com	nmittee:	Domoovatio
(d)		· · · ·	Democratic, Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	nected organization is
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC <b>Form 1</b> (Re	evised 02/2009)	Page <b>3</b>
Write or Type Committee	pe Name	
CALIFORN	IA FUTURE FUND PAC	
6. Name of Any Conne	ected Organization, Affiliated Committee, Joint Fundraising Representative, o	r Leadership PAC Sponsor
NONE		
<u> </u>	<u>.                                     </u>	<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
_		
Relationship: Co	onnected Organization Affiliated Committee Joint Fundraising Representative	ve Leadership PAC Sponsor
<ul> <li>Custodian of Record books and records.</li> </ul>	ds: Identify by name, address (phone number optional) and position of the per-	son in possession of committee
La	wler, Kelly, , ,	
Full Name	,9460 Tegner Road	
Mailing Address	<u> </u>	
	, Hilmar	,95324
	Tillitidi	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	9   656   - 1542
Treasurer: List the na any designated agent	ame and address (phone number optional) of the treasurer of the committee; a t (e.g., assistant treasurer).	and the name and address of
Full Name Lav	wler, Kelly, , ,	
Mailing Address	9460 Tegner Road	
	Hilmar	95324
Title or Position	CITY STATE	ZIP CODE
Treasurer		9   656   - 1542

FEC <b>Forn</b>	<b>1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position		1 1
	Telephone number	
Banks or Other safety deposit bo Name of Bank, [		accounts, rents
safety deposit bo	oxes or maintains funds.	
safety deposit bo Name of Bank, [	Depository, etc.  Tri Counties Bank  210 N Tehama  Willows  CA 95988	ZIP CODE
safety deposit bo Name of Bank, [	Depository, etc.  Tri Counties Bank  210 N Tehama  Willows  CA 95988  CITY  STATE	
safety deposit bo Name of Bank, [ Mailing Address	Depository, etc.  Tri Counties Bank  210 N Tehama  Willows  CA 95988  CITY  STATE	
safety deposit bo Name of Bank, [ Mailing Address	Depository, etc.  Tri Counties Bank  210 N Tehama  Willows  CA 95988  CITY  STATE	
Name of Bank, I	Depository, etc.  Tri Counties Bank  210 N Tehama  Willows  CA 95988  CITY  STATE	
safety deposit bo Name of Bank, [ Mailing Address	Depository, etc.  Tri Counties Bank  210 N Tehama  Willows  CA 95988  CITY  STATE	