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FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

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2008 JAN 22 AM 8: 33

Office use only NAME OF (Check if name Example: If typying, type 12FE4M5 COMMITTEE (in full) is changed) over the lines Helping Ensure Responsible Government by Election Republicans (H.E.R.G PO Box 984 ADDRESS (number and street) (Check if address is changed) Villows 95988 CITY STATE ZIP CODE **COMMITTEE'S E-MAIL ADDRESS** kellylawler@sbcglobal.net **COMMITTEE'S WEB PAGE ADDRESS (URL) COMMITTEE'S FAX NUMBER** 5309345776 DATE **FEC IDENTIFICATION NUMBER** C00442467 X IS THIS STATEMENT NEW (N) AMENDED (A) OR I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete **Kelly Lawler** Type or Print Name of Treasurer 2008 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS Office For further information contact: **FEC FORM 1** Use Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 (Revised 02/2003) Only

FEQForm 1 (Revise	ed 02/2003)			Page 2
5. TYPE OF COMMITTEE (Check One)			
	nittee is an authorized c	paign committee. (Complete the		
Name of . Candidate : <u> !</u>	i_l_l_l	<u> </u>		<u>-: </u>
Candidate Party Affiliation	Office Sought	: House	Senate President	State. District
(c) This comm	ittee supports/opposes	only one candidate, and is NOT	an authorized committee.	
Name of Candidate		! ! ! ! ! . ! . ! . ! !	<u> </u>	
(d) This comm	íttee is a	(National, State (or subordinate) commi	ttee of the	(Democratic, Republican,etc.) Party.
1	ittee is a separate segre			
(f) X This comm committee.		more than one Federal candida	e, and is NOT a separate seç	regated fund or party
6. Name of Any Connected	J Organization or Affil	lated Committee		
None			<u>: ! ! </u>	
		<u> </u>	<u> </u>	
Mailing Address		<u> </u>	<u> </u>	<u>, ! [] [</u>
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		CITY ≜	STATE ▲	ZIP CODE
Relationship <u></u>		<u> </u>		
Type of Connected Organ	nization:			
Corporation		Corporation w/o Capital Sto	ck Labor Org	janization
Membership Org	anization	Trade Association	Cooperati	ve ·

Write or Type Committee Name

Helping Ensure Res	ponsible Government by	Election Rep	publicans	(H.E.R.G.E.R.	PAC
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		fy by name, address, (phone num oks and records.	ber – optional), and position of the	ne person in											
Full Name	Kelly Law	ler 	<u> </u>												
Mailing Address	-	PO Box 984													
	_	Willows	CA	95988 _											
Title or Position	Y	CITY A	STATE ▲	ZIP CODE A											
	Custodian of	Records	530 Telephone number	5823											
name and add	st the name and	d address (phone number – optionsignated agent (e.g., assistant tre	nal) of the treasurer of the comm asurer).	ittee; and the											
Full Name of Treasurer	Kelly Law	ler													
Mailing Address	·	PO Box 984													
	-	Willows	CA	95988 _											
Title or Position	v	CITY A	STATE ▲	ZIP CODE											
	Treasurer		Telephone number 530	9345823											
Full Name of Designated Agent															
Mailing Address	· -														
	~														
Title or Position	-	CITY A	STATE A	ZIP CODE A											
			Telephone number												
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safety deposit boxe	s or mainta	ins fund	ls.	anks o			, JO.				•-•											, .		-
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate he	
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No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ceipt or Postmarked
Ima	M22/18
PREPARER (3/2005)	DATE PREPARED