

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

KERN COUNTY REPUBLICAN CENTRAL COMMITTEE (FED)

ADDRESS (number and street)

5329 OFFICE CENTRE COURT

☐ (Check if address is changed)

120

BAKERSFIELD

CITY ▲

CA

STATE ▲

93309

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

INFO@KERNGOP.ORG

Optional Second E-Mail Address

CLAYTON@CAMPBELLWHITTEN.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY
01 / 18 / 2024

3. FEC IDENTIFICATION NUMBER ►

C C00265603

4. 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.

Type or Print Name of Treasurer COLLINS, TIM, , ,

Signature of Treasurer COLLINS, TIM, , ,

Date

MM / DD / YYYY
03 / 12 / 2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

5. TYPE OF COMMITTEE:

Candidate 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. (Complete the candidate information below.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought:☐

House

☐

Senate

☐

President

State

District

00

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☒ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

☐

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

☐

In addition, this committee is a Lobbyist/Registrant PAC.

☐

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) ☐ This committee is an independent expenditure-only political committee (Super PAC).

☐

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) ☐ This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

☐

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. 2.

C

C

Write or Type Committee Name

KERN COUNTY REPUBLICAN CENTRAL COMMITTEE (FED)**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

CALIFORNIA REPUBLICAN PARTY (FEDERAL)

Mailing Address

1001 K STREET

FOURTH FLOOR

SACRAMENTO

CA

95814

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☐

Connected Organization

☒

Affiliated Organization

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

DODGE, LADONNA, J, ,

Mailing Address

902 CROWN POINTE DRIVE

BAKERSFIELD

CA

93312-4079

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

RECORD KEEPER

Telephone number

661

589

2674

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

COLLINS, TIM, , ,

Mailing Address

4016 MARGALO AVENUE

BAKERSFIELD

CA

93313

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

Full Name of
Designated
Agent

DODGE, LADONNA, J, ,

Mailing Address

902 CROWN POINTE DRIVE

BAKERSFIELD

CA

93312-4079

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

ASSISTANT TREASURER

Telephone number

661

589

2674

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CHASE BANK

Mailing Address

5660 STOCKDALE HIGHWAY

BAKERSFIELD

CA

93309

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

_____-____

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name SHEFFIELD, LAUREL, , , _____

Mailing Address 10221 HEATHER VALLEY DRIVE _____

BAKERSFIELD CA 93312 - _____

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

PRINCIPAL OFFICER _____

Telephone Number 661 - 201 - 8318 _____

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. _____

Mailing Address _____

_____-____

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

_____-____

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name CAMPBELL, CLAYTON, , MR, _____

Mailing Address 1712 19TH STREET _____

SUITE 101 _____

BAKERSFIELD _____

CA _____

93301 _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

PRINCIPAL OFFICER _____

Telephone Number

661 _____

334 _____

3000 _____

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.Name of Bank,
Depository, etc. _____

Mailing Address

_____-____

CITY ▲

STATE ▲

ZIP CODE ▲