**FEC** 

Only

## STATEMENT OF

PAGE 1 / 6

**ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) KERN COUNTY REPUBLICAN CENTRAL COMMITTEE (FED) 5329 OFFICE CENTRE COURT ADDRESS (number and street) 120 (Check if address is changed) **BAKERSFIELD** 93309 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address INFO@KERNGOP.ORG is changed) Optional Second E-Mail Address CLAYTON@CAMPBELLWHITTEN.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00265603 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. Type or Print Name of Treasurer COLLINS, TIM, , COLLINS, TIM, , , 03 12 2025 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	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 information below.)	e candidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State District 00
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Biolific
	Name of Candidate	
	Party Committee:	
	(d) X This committee is a SUB (National, State or subordinate) committee of the REP (Democratic Republican,	•
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation Corporation w/o Capital Stock Labor O	rganization
	Membership Organization Trade Association Coopera	tive
	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 committee. (i.e., nonconnected committee)	d 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.)	
	(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 PA	C).
	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 o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two of committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	Committees Participating in Joint Fundraiser	
	1. C	

FEC Form 1 (Revised 02/2009)	Page 3
	1 9

<b>Vrite</b>	or	Type	Committee	Name	
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KERN COUNTY REPUBLICAN CENTRAL COMMITTEE (FEI
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6.		rganization, Affiliated Committee		, ,	ership PAC Sponsor
	-	BLICAN PARTY (FEDER	-	,	
	Mailing Address	1001 K STREET			
		FOURTH FLOOR			
		SACRAMENTO		CA 9581	4
		CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization X Affiliated Organiz	ation Joint Fundraising	g Representative	Leadership PAC Sponso
			_		
	Custodian of Passarda Identi	ify by name, address (phane numb	or entional) and position of	of the person in peace	asian of committee
7.	books and records.	ify by name, address (phone numb	er optional) and position c	or the person in posse	ssion of committee
	DODGE, L	ADONNA, J, ,			
	Full Name				
	Mailing Address	902 CROWN POINTE DRIVE			
		Litition			
		BAKERSFIELD	ı	CA   9331	2-4079
	Title or Position ▼	CITY A		STATE ▲	ZIP CODE ▲
				204	500 0074
	RECORD KEEPER		Telephone nun	nber 661 -	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optic assistant treasurer).	onal) of the treasurer of the	e committee; and the	name and address of
	Full Name COLLINS,	TIM, , ,			
	of Treasurer				
	Mailing Address	4016 MARGALO AVENUE			
		BAKERSFIELD		CA 9331	3
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	TREASURER		Telephone nun	nber	

	FEC Form 1	(Revised 02/2009)	Page <b>4</b>
	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 TRE		661 - 589 - 2674
-		<b>Depositories:</b> List all banks or other depositories in which the committee deposits xes or maintains funds.	funds, holds accounts, rents
	Name of Bank, D	pepository, etc.	
		CHASE BANK	
	Mailing Address	5660 STOCKDALE HIGHWAY	
		BAKERSFIELD	93309
		CITY ▲ STATE ▲	ZIP CODE ▲
	Name of Bank, D	Pepository, etc.	
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_ **of** 6

h). <b>Joint Fundraising</b>	Participant:		
1.		FEC ID numb	per C
2.		FEC ID numb	oer C
3.		FEC ID numb	per C
4.		FEC ID numb	per C
ame of Any Connected (	Organization, Affiliated Committee, Join	t Fundraising Represent	tative, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STAT	E ▲ ZIP CODE ▲
esignated Agent: Identify	Organization Affiliated Committee  by name, address (phone number – opti	Joint Fundraising Repre	esentative Leadership PAC S
esignated Agent: Identify			esentative Leadership PAC S
esignated Agent: Identify	by name, address (phone number - opti-		esentative Leadership PAC S
esignated Agent: Identify SHEFFIE Full Name	by name, address (phone number – optic LD, LAUREL, , ,		esentative Leadership PAC S
esignated Agent: Identify SHEFFIE Full Name	by name, address (phone number – optic LD, LAUREL, , ,		
esignated Agent: Identify  SHEFFIE Full Name  Mailing Address	by name, address (phone number – optic LD, LAUREL, , , 10221 HEATHER VALLEY DRIVE	onal)	A 93312
esignated Agent: Identify SHEFFIE Full Name	by name, address (phone number – optic LD, LAUREL, , , 10221 HEATHER VALLEY DRIVE	onal)	93312 ZIP CODE <b>A</b>
esignated Agent: Identify  SHEFFIE Full Name  Mailing Address  TITLE OR POSITION PRINCIPAL OFFICER	by name, address (phone number – optic  LD, LAUREL, , ,  10221 HEATHER VALLEY DRIVE  BAKERSFIELD  CITY   ies: List all banks or other depositories in	onal)  CA  STATE  Telephone Number	A 93312 A ZIP CODE A  661 _ 201 _ 83
esignated Agent: Identify  SHEFFIE Full Name  Mailing Address  TITLE OR POSITION PRINCIPAL OFFICER  anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number – optic  LD, LAUREL, , ,  10221 HEATHER VALLEY DRIVE  BAKERSFIELD  CITY   ies: List all banks or other depositories in	onal)  CA  STATE  Telephone Number	A 93312 A ZIP CODE A  661 _ 201 _ 83

FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_ **of** 6\_\_\_

1.				
1.		FEC	ID number	C
2.		FEC FEC	ID number	С
3.		FEC	ID number	С
4.		FEC	ID number	C
7-				
lame of Any Connected O	rganization, Affiliated Committee,	Joint Fundraising R	epresentativ	e, or Leadership PAC Spon
Mailing Address	<u> </u>			
	<u> </u>			
Relationship:	CITY A		STATE A	ZIP CODE ▲
	*	optional)		
CAMPBELI Full Name	_, CLAYTON, , MR,			
Full Name				
Full Name CAMPBELI Mailing Address	_, CLAYTON, , MR,			
Full Name	_, CLAYTON, , MR,		, CA	93301
Full Name	CITY			
Full Name	CITY	Telephone	STATE A	93301 ZIP CODE <b>A</b>
Full Name	CLAYTON, , MR,  1712 19TH STREET  SUITE 101  BAKERSFIELD  CITY   es: List all banks or other depositoric	Telephone	STATE A Number	ZIP CODE   S funds, holds accounts, ren
Full Name	CLAYTON, , MR,  1712 19TH STREET  SUITE 101  BAKERSFIELD  CITY   es: List all banks or other depositoric	Telephone es in which the comm	STATE A  Number	ZIP CODE   S funds, holds accounts, ren
Full Name  Mailing Address  TITLE OR POSITION ▼ PRINCIPAL OFFICER  Fanks or Other Depositories afety deposit boxes or main lame of Bank, depository, etc.	CLAYTON, , MR,  1712 19TH STREET  SUITE 101  BAKERSFIELD  CITY   es: List all banks or other depositoric	Telephone es in which the comm	STATE A  Number	ZIP CODE   S funds, holds accounts, ren