**FEC** 

Only

## STATEMENT OF

PAGE 1/7

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Scott Baugh for Congress 4040 Macarthur Boulevard ADDRESS (number and street) Suite 200 (Check if address is changed) Newport Beach 92660 CA CITY A STATE A ZIP CODE ▲ 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 2024 C00798322 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Lawler, Kelly, , Mrs., Date 02 18 2024 Signature of Treasurer Lawler, Kelly, , Mrs., 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

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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.)	he candidate
Name of Candidate Baugh, Scott, , ,	
Candidate Party Affiliation  REP  Office Sought:  House  Senate  President	State CA District 47
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Dictator 11
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State (Democration or subordinate) committee of the Republican	ic, n, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
Corporation Corporation w/o Capital Stock Labor C	Organization
Membership Organization Trade Association Cooper	-
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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 P	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j) 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.	or more political
Committees Participating in Joint Fundraiser	
1. C	
C	

•	FEC Form 1 (Revised 0	2/2009)		Page <b>3</b>
٧	Vrite or Type Committee Name			
	Scott Baugh for (	Congress		
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Re	epresentative, or Leade	rship PAC Sponsor
	Team Baugh 2024			
	Mailing Address	228 S Washington St		
		Ste 115		
		Alexandria	VA 22314	-
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundrais	sing Representative	Leadership PAC Sponso
		, and an analysis of the second of the secon	omig rioprosomants	
_				
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position	on of the person in posses	sion of committee
	Lawler, Kel	y, , Mrs.,		
		9460 Tegner Road		
	Mailing Address			
		Hilmar	CA 95324	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Record Keeper	Telephone r	number 209 -	656
8.		d address (phone number optional) of the treasurer of	the committee; and the r	name and address of
	any designated agent (e.g., a	ssistant treasurer).		
	Full Name Lawler, Kel	ly, , Mrs.,		
	of Treasurer			
	Mailing Address	9460 Tegner Road		
		Hilmar	CA 95324	
		OITV A	OTATE A	7ID 00D5 A
	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	Treasurer		_   209	656 <sub>   </sub> 1542
		Telephone r	number L L	

FEC I	Form 1 (Revised 02/2009)	Page <b>4</b>
Full Name Designated Agent		
Mailing Ad	dress	
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Po	sition ▼	
	Telephone number	]
	Other Depositories: List all banks or other depositories in which the committee deposits funds, osit boxes or maintains funds.	, holds accounts, rents
Name of E	ank, Depository, etc.	
	Tri Counties Bank	
Mailing Ad	dress 2001 Geer Road	
	Turlock CA 95	5382
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of E	ank, Depository, etc.	
	Chain Bridge Bank	
Mailing Ad	dress 1445-A Laughlin	
	McLean 22	2101
	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 <sup>7</sup>	
raue	OI .	

h). <b>Joint Fundrais</b> i	ing Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
Scalise Leadership	d Organization, Affiliated Committee, Joint Fur Fund 2024	draising Representative	e, or Leadership PAC Spons
Mailing Address	320 1st St SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connect	ed Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Sp
Connect		int Fundraising Represent	ative Leadership PAC Sp
Connecte con		int Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Ident		int Fundraising Represent	ative Leadership PAC Spe
esignated Agent: Ident		int Fundraising Represent	ative Leadership PAC Spe
esignated Agent: Ident	ify by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Specialists  Leadership PAC Specialists  ZIP CODE    ZIP CODE
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)		
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in which an aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or n  ame of Bank, epository, etc.	ify by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in which an aintains funds.	STATE A  Telephone Number	ZIP CODE   ZIP CODE   ss funds, holds accounts, rents

FEC Form 1S (Revised 02/2017)

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

	- 7	
Page	of '	

h). <b>Joint Fundraisi</b>	• .		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	re, or Leadership PAC Spon
Grow the Majority	_		
Mailing Address	228 S Washington St Ste 115		
	Alexandria	VA VA	22314
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Affiliated Committee X	loint Fundraising Represent	tative Leadership PAC Sp
			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional		Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional		
esignated Agent: Identification Full Name     Mailing Address	fy by name, address (phone number – optional  CITY   CITY   pries: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional  CITY   CITY   pries: List all banks or other depositories in what intains funds.	STATE A  Telephone Number  ich the committee deposi	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional  CITY   CITY   pries: List all banks or other depositories in what intains funds.	STATE A  Telephone Number  ich the committee deposi	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional  CITY   CITY   pries: List all banks or other depositories in what intains funds.	STATE A  Telephone Number  ich the committee deposi	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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Page	of '	

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected Protect the House C	l Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spons
r totect the riouse C			
Mailing Address	PO Box 30844		
	Bethesda	MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		t Fundraising Represent	ative Leadership PAC Spo
Connecte	ed Organization Affiliated Committee X Joint	t Fundraising Represent	ative Leadership PAC Spo
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X Joint	t Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identi	ed Organization Affiliated Committee X Joint	t Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identi	ed Organization Affiliated Committee X Joint	t Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X Joint fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identi	Affiliated Committee X Joint for by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X Joint for by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	Affiliated Committee	STATE A elephone Number the committee deposit	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, epository, etc.	Affiliated Committee	STATE A elephone Number	ZIP CODE   ZIP CODE   ts funds, holds accounts, rents
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	Affiliated Committee	STATE A elephone Number	ZIP CODE   ZIP CODE   ts funds, holds accounts, rents
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, epository, etc.	Affiliated Committee	STATE A elephone Number	ZIP CODE   ZIP CODE   ts funds, holds accounts, rents