Only

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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. Suzette Martinez Valladares for Congress 3632 Smith Avenue ADDRESS (number and street) #793 (Check if address is changed) Acton 93510 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) WWW.suzettevalladares.com (Check if address is changed) DATE 2019 C00700955 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] 09 2019 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

FEC Form 1	I (Revised 02/2009)	Page <b>2</b>
TYPE OF COM	MITTEE	
Candidate Co	ommittee:	
(a) X Th	nis committee is a principal campaign committee. (Complete the candidate information below.)	
	nis committee is an authorized committee, and is NOT a principal campaign committee. (Compormation below.)	plete the candidate
Name of Candidate	Valladares, Suzette Martinez, , ,	
Candidate Party Affiliation	REP Office Sought: House Senate President	State CA
(c) Th	nis committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate		
Party Commi	ttee:	
(d) Tr		Democratic, Republican, etc.) Party.
Political Action	on Committee (PAC):	
(e) Th	nis committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:
	Corporation Wo Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	nis committee supports/opposes more than one Federal candidate, and is NOT a separate semmittee. (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.)	
Joint Fundrais	sing Representative:	
(0)	is committee collects contributions, pays fundraising expenses and disburses net proceeds for tw mmittees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
	is committee collects contributions, pays fundraising expenses and disburses net proceeds for two mmittees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Committ	ees Participating in Joint Fundraiser	
1		
2	FEC ID number	
3	FEC ID number	
4.		

FEC <b>Form</b>	1 (Revised 02/2009)	Page <b>3</b>
Write or Type Com		
Suzette N	Martinez Valladares for Congress	
	Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
NONE		
Mailing Address		
Walling Address		
	CITY STATE	ZIP CODE
Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Rebooks and recor	ecords: Identify by name, address (phone number optional) and position of the person in pds.	possession of committee
Full Name	Lawler, Kelly, , ,	
Mailing Address	9460 Tegner Road	
Walling Address		
	Hilmar CA 95324	
Title or Position	CITY STATE	ZIP CODE
Record Keeper	Telephone number 209 –	656
3. <b>Treasurer:</b> List the any designated a	he name and address (phone number optional) of the treasurer of the committee; and the agent (e.g., assistant treasurer).	name and address of
Full Name of Treasurer	Lawler, Kelly, , ,	
Mailing Address	9460 Tegner Road	
	Hilmar CA 95324	
Title or Position Treasurer	CITY STATE  Telephone number =	ZIP CODE  656   -   1542

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE :	ZIP CODE
Title or Position		
safety deposit be		accounts, rents
Name of Bank,	Tri Counties Bank  2001 Geer Road  Turlock  CA  95382	ZIP CODE
Name of Bank,	Tri Counties Bank  2001 Geer Road  Turlock  CA 95382  CITY  STATE	
Name of Bank, Mailing Address	Tri Counties Bank  2001 Geer Road  Turlock  CA 95382  CITY  STATE	
Name of Bank, Mailing Address	Tri Counties Bank  2001 Geer Road  Turlock  CA 95382  CITY  STATE	
Name of Bank,  Mailing Address  Name of Bank,	Tri Counties Bank  2001 Geer Road  Turlock  CA 95382  CITY  STATE	
Name of Bank,  Mailing Address  Name of Bank,	Tri Counties Bank  2001 Geer Road  Turlock  CA 95382  CITY  STATE	