**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Ian Weeks For Congress 9460 Tegner Road ADDRESS (number and street) (Check if address is changed) Hilmar 95324 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 C00839787 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, , Date 04 14 2024 Signature of Treasurer Lawler, Kelly, , , 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                 | Form 1 (Revised 03/2022)   | Page <b>2</b>  |  |  |  |
|-------------------|--|----------------|--|--|--|
|                   | TYPE OF COMMITTEE:   |                |  |  |  |
|                   | Candidate Committee:   |                |  |  |  |
|                   | (a) X This committee is a principal campaign committee. (Complete the candidate information below.)  |                |  |  |  |
|                   | idate  |                |  |  |  |
|                   | Name of Candidate Weeks, Ian, , ,  |                |  |  |  |
|                   | Party Affiliation REP Sought: X House Senate President   | tate CA        |  |  |  |
|                   | (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 Republican, etc.) F  | Party          |  |  |  |
|                   | Political Action Committee (PAC):  |                |  |  |  |
|                   | (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization  | nization is a: |  |  |  |
|                   | Corporation Corporation w/o Capital Stock Labor Organiza   | ution          |  |  |  |
|                   | Membership Organization Trade Association Cooperative  | auori          |  |  |  |
|                   | 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:  |                |  |  |  |
|                   | 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. C   |                |  |  |  |

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|----|--|---|----------------------------------|--|--|
| V  | /rite or Type Committee Name   |   |                                  |  |  |
|    | lan Weeks For C  | ongress   |                                  |  |  |
| 6. | Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor                            |   |                                  |  |  |
|    | NONE   |   |                                  |  |  |
|    |  |   |                                  |  |  |
|    | Mailing Address  |   |                                  |  |  |
|    |  |   |                                  |  |  |
|    |  |   |                                  |  |  |
|    |  | CITY ▲ STATE  | ▲ ZIP CODE ▲                     |  |  |
|    | Relationship: Connected  | Organization Affiliated Organization Joint Fundraising Represe                        | entative 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. |   |                                  |  |  |
|    | Lawler, Kell   | <i>(</i> , , ,  |                                  |  |  |
|    | Full Name  |   |                                  |  |  |
|    | Mailing Address  | 9460 Tegner Road  |                                  |  |  |
|    |  |   |                                  |  |  |
|    |  | Hilmar   CA   | ] 95324                          |  |  |
|    |  | CITY ▲ STATE  | ▲ ZIP CODE ▲                     |  |  |
|    | Title or Position ▼  |   |                                  |  |  |
|    | Record Keeper  | Telephone number  | 209   656   1542                 |  |  |
| 3. | Treasurer: List the name and any designated agent (e.g., a   | address (phone number optional) of the treasurer of the committed sistant treasurer). | tee; and the name and address of |  |  |
|    | Full Name Lawler, Kell of Treasurer  | /, , ,<br>  |                                  |  |  |
|    | Mailing Address  | 19460 Tegner Road   |                                  |  |  |
|    |  |   |                                  |  |  |
|    |  | Hilmar CA   | 95324                            |  |  |
|    |  | CITY ▲ STATE  | ▲ ZIP CODE ▲                     |  |  |
|    | Title or Position ▼  |   |                                  |  |  |
|    | Treasurer  | Telephone number  | 209   656   - 1542               |  |  |

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|---|-------------------|---------------|--|--|--|
| Full Name of<br>Designated<br>Agent   |                   |               |  |  |  |
| Mailing Address   |                   |               |  |  |  |
|   |                   |               |  |  |  |
|   |                   |               |  |  |  |
| Title or Position   | CITY ▲ STATE ▲    | ZIP CODE ▲    |  |  |  |
| Title of Fosition   |                   |               |  |  |  |
|   | Telephone number  |               |  |  |  |
| 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.  |                   |               |  |  |  |
|   | Tri Counties Bank |               |  |  |  |
| Mailing Address   | 2001 Geer Road    |               |  |  |  |
|   |                   |               |  |  |  |
|   | Turlock           | 95382         |  |  |  |
|   | CITY ▲ STATE ▲    | ZIP CODE ▲    |  |  |  |
| Name of Bank, Depository, etc.  |                   |               |  |  |  |
|   |                   |               |  |  |  |
| Mailing Address   |                   |               |  |  |  |
|   |                   |               |  |  |  |
|   |                   |               |  |  |  |
|   | CITY ▲ STATE ▲    | ZIP CODE ▲    |  |  |  |