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

Scott Baugh for Congress

ADDRESS (number and street) ☐ ◀ (Check if address is changed)

4040 Macarthur Boulevard

Suite 200

Newport Beach — CITY ▲

CA — STATE ▲

92660 – ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ ◀ (Check if address is changed)

kellylawler@thekalgroup.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ ◀ (Check if address is changed)

2. DATE MM 06 / DD 30 / YYYY 2024

3. FEC IDENTIFICATION NUMBER ▶ C C00798322

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 Lawler, Kelly, , Mrs.,

Signature of Treasurer Lawler, Kelly, , Mrs., Date MM 07 / DD 05 / YYYY 2024

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 Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

5. 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 candidate information below.)

Name of Candidate: Baugh, Scott, , ,

Candidate Party Affiliation: REP

Office Sought: [X] House [ ] Senate [ ] President

State: CA

District: 47

(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. C

2. C

Write or Type Committee Name

Scott Baugh for Congress

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership 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 ☒ 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
Lawler, Kelly, , Mrs.,

Mailing Address
9460 Tegner Road
Hilmar | CA | 95324 –
CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼
Record Keeper

Telephone number 209 – 656 – 1542

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
Lawler, Kelly, , Mrs.,

Mailing Address
9460 Tegner Road
Hilmar | CA | 95324 –
CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼
Treasurer

Telephone number 209 – 656 – 1542

Full Name of Designated Agent

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼

Telephone number

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.

Tri Counties Bank

Mailing Address

2001 Geer Road

Turlock CA 95382

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Chain Bridge Bank

Mailing Address

1445-A Laughlin

McLean VA 22101

CITY ▲ STATE ▲ ZIP CODE ▲

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

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

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

Grow the Majority CA

Mailing Address 228 S Washington St Ste 115

Alexandria (CITY ▲) VA (STATE ▲) 22314 – (ZIP CODE ▲)

Relationship:

- [ ] Connected Organization
- [ ] Affiliated Committee
- [x] Joint Fundraising Representative
- [ ] Leadership PAC Sponsor

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

Full Name

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲ –

TITLE OR POSITION ▼

Telephone Number – –

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:**

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Grow the Majority

Mailing Address 228 S Washington St Ste 115

Alexandria (CITY ▲) VA (STATE ▲) 22314 – (ZIP CODE ▲)

Relationship:

- [ ] Connected Organization
- [ ] Affiliated Committee
- [x] Joint Fundraising Representative
- [ ] Leadership PAC Sponsor

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

Full Name

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲ –

TITLE OR POSITION ▼

Telephone Number – –

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Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲ –

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

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

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

Scalise Leadership Fund 2024

Mailing Address 320 1st St SE

Washington (CITY ▲) DC (STATE ▲) 20003 – (ZIP CODE ▲)

Relationship:

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

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

Full Name

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

TITLE OR POSITION ▼

Telephone Number – –

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. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

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

Protect the House California 2024

Mailing Address PO Box 30844

Bethesda (CITY ▲) MD (STATE ▲) 20824 – (ZIP CODE ▲)

Relationship:

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

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

Full Name

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲ –

TITLE OR POSITION ▼

Telephone Number – –

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 ▲ –