## 201602030200048438

FEC FORM 1

## STATEMENT OF ORGANIZATION

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SECRETARY OF THE SENATE
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					Office Use Offiy
NAME OF     COMMITTEE (in full)	(Check if natised)	me Example:If to		12FE4M5	the entire the second of
Del Beccaro for S	Senate				
	<u> </u>	<u>.                                     </u>			
ADDRESS (number and street)	PO Box 984	<u> </u>	1 1 1		
(Check if address is changed)		<u> </u>		<u> </u>	
<b>,</b>	Willows		1   <b> </b>	CA I	95988-0984
	CITY A			STATE A	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS				
(Check if address is changed)	kellylawler@com	cast.net		1 1 1 1	
to changea,	Optional Second E-N	/lail Address			
				<u> </u>	
COMMITTEE'S WEB PAGE ADI	ORESS (URL)				
(Check if address	1				i
is changed)					
2. DATE 01 25	D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
3. FEC IDENTIFICATION NU	JMBER ▶	C C00573238			
4. IS THIS STATEMENT		OR X AM	ENDED (A)		
I certify that I have examined th	is Statement and to th	e best of my knowledg	e and belief it is t	true, correct a	and complete.
T. D. I. W. (T.	Kelly Lawler				
Type or Print Name of Treasurer	Neny Lawler	00/0	$\overline{\Omega}$	)	THE RESIDENCE HANDS THE SECOND STATE OF THE PROPERTY OF THE PR
Signature of Treasurer Kelly	Lawier KU	lly XIII	Musa	M = M lite . 01	25 2016
NOTE: Submission of false, errone		mation may subject the p PRMATION SHOULD BE			the penalties of 2 U.S.C. §437g.
Office Use		Federal E	er information conta lection Commission 800-424-9530	oct:	FEC FORM 1 (Revised 06/2012)

5.

TYPE	OF C	OMMITTEE			
Can	didate	e 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 Cand		Thomas Del Beccaro			
Cand Party	idate Affiliati	on REP Sought: House Senate President District			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Cand					
Part	y Con	nmittee:			
(d)		This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.			
Poli	tical A	ction Committee (PAC):			
(e)	2.00	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.)			
Join	t Fund	Iraising Representative:			
(g)		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.			
(h)	in the same of the	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.	FEC ID number			
	2.	FEC ID number C			
	3.	FEC ID number			
	4.				

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Write or Type Committee Name	
Del Beccaro for	Senate
6. Name of Any Connected C	organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
NONE	
Mailing Address	
-	
	CA 00000
	CITY STATE ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the person in possession of committee
Kelly Lawie	er 1
Full Name	PO Box 984
Mailing Address	
	Willows CA 95988-0984
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number 530 - 934 - 5823
Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the name and address of ssistant treasurer).
Full Name Kelly Lawle	r <u> </u>
Mailing Address	PO Box 984
	<u>[                                    </u>
	Willows   CA   95988-0984   -
Title or Position	CITY STATE ZIP CODE
	Telephone number

CITY

STATE

Telephone number

Page 4

ZIP CODE

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent

Mailing Address

Title or Position

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## United States Senate

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