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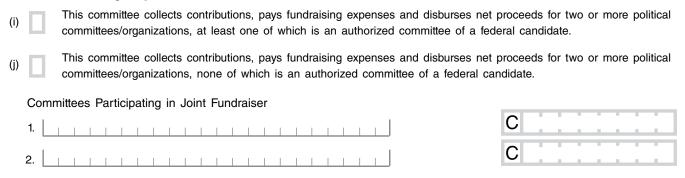
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STATEMENT OF ORGANIZATION

FORM 1			C	ffice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number and street)	9460 Tegner Road			
(Check if address is changed)				
	Hilmar └────────────────────────────────────		CA 953 STATE ▲	324
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	kellylawler@thekalgrou			
	Optional Second E-Mail Add	dress		
COMMITTEE'S WEB PAGE ADD	DRESS (URL)			
2. DATE 06 / 06	2022			
3. FEC IDENTIFICATION NU	JMBER ► C cc	00817452		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the best	of my knowledge and belief it i	is true, correct and	d complete.
Type or Print Name of Treasure	Lawler, Kelly, , ,			
Signature of Treasurer	r, Kelly, , ,	[Electronically Filed]	Date 06	/ D D / Y Y Y Y 06 2022
NOTE: Submission of false, errone		may subject the person signing th TION SHOULD BE REPORTED V		penalties of 52 U.S.C. §30109
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FE	FEC Form 1 (Revised 03/2022)	Page 2	
5.	5. TYPE OF COMMITTEE:		
	Candidate Committee:		
	(a) This committee is a principal campaign committee. (Comp	plete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a information below.)	a principal campaign committee. (Complete the candidate	
	Name of Candidate		
	Candidate Office Party Affiliation Sought: House	Senate President District	
	(c) This committee supports/opposes only one candidate, and	d is NOT an authorized committee.	
	Name of Candidate		
	Party Committee: (National, State or subordinate) com (d) This committee is a	nmittee of the (Democratic, Republican, etc.) Party	
	Political Action Committee (PAC):		
	(e) This committee is a separate segregated fund. (Identify co	connected organization on line 6.) Its connected organization is	a:
	Corporation	on w/o Capital Stock	
	Membership Organization Trade Ass	sociation Cooperative	
	In addition, this committee is a Lobbyist/Registra	ant PAC.	
	(f) X This committee supports/opposes more than one Federal committee. (i.e., nonconnected committee)	candidate, and is NOT a separate segregated fund or party	
	In addition, this committee is a Lobbyist/Registra	ant PAC.	
	x In addition, this committee is a Leadership PAC	2. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only politication	al committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registra	ant PAC.	
	(h) This committee is a political committee with both contribu	ition and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registra	ant PAC.	

Joint Fundraising Representative:



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Write or Type Committee Name

C4 PAC

6.	Name of Any Connected Or Conway, Connie, , ,	ganization,	Affiliated	Con	nmit	tee,	Joir	nt F	und	rais	sing	Rej	pre	ser	ntat	ive	, 01	Le	ade	ersł	nip	PAC	c s	por	isor	
	Mailing Address	9460 Tegne	er Road																							
		Hilmar													CA			95	532	4			- [
				CI	TY 4	▲								STA	ΛΤΕ						ZIP	cc	DE			
	Relationship: Connected (Organization	Affilia	ated (Drgai	nizati	on	C	Jo	int	Fund	raisi	ing	Rep	ores	ent	ativ	e	×	t L	eac	lersh	nip I	PAC	Spo	onso

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Lawler, Kel	ly, , ,		
Full Name			
Mailing Address	9460 Tegner Road		
	Hilmar	CA 95324	
		STATE 🔺 ZI	IP CODE 🔺
Title or Position ▼			
Treasurer	Telephone n	umber 209 – 650	6 - 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	Lawler, Kelly, , ,
of Treasurer	
Mailing Address	9460 Tegner Road
	Hilmar CA 95324
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image: Second

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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 C	Counties Bank		I
Mailing Address	2001 Geer Road		
			2
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Deposite	pry, etc.		
Mailing Address			
	CITY 🔺	STATE ▲	ZIP CODE ▲