(Revised 06/2012)

Use

Only

# STATEMENT OF

PAGE 1 / 11 =

FORM 1	OR	GANIZA	ATIOI	N									
									Office	Use O	nly		
1. NAME OF COMMITTEE (in fo		ck if name anged)	Examp over th	le:If typing e lines.	g, type	12	FE4	M5	I				
Kevin Kiley fo	r Congress					<u> </u>			1 1				
ADDRESS (number and	9460 Tegner I	Road		1 1 1	1 1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	
(Check if add	·												
is changed)	Hilmar					C	Δ	٤	5324				
	CITY A	<b>\</b>				STA	TE 🔺			Z	P CC	DE 🛦	
COMMITTEE'S E-MAIL	ADDRESS												
X ◀ (Check if add is changed)	dress kellylawler@	thekalgroup.con	n 										
	Optional Sec	ond E-Mail Add	ress										
COMMITTEE'S WEB P.  (Check if add is changed)		CTKEVINKILEY.	COM/										
2. DATE 03	12 / 2023	5											
3. FEC IDENTIFICA	TION NUMBER ►	C co	0801985										
4. IS THIS STATEME	NT NEW (N)	OR	×	AMEND	ED (A)								
certify that I have exa	mined this Statement a	nd to the best o	of my kno	wledge an	d belief i	t is true	e, cor	rect a	nd co	mplete	€.		
Type or Print Name of	Treasurer Lawler, Kelly	, , ,											
Signature of Treasurer	Lawler, Kelly, , ,					Date		03	1	12	/ Y	2025	
NOTE: Submission of fal	se, erroneous, or incomple ANY CHANGE	ete information n	-						ne per	nalties	of 52	U.S.C.	§30109
Office				r further in					F	C F	OR	 М 1	

Toll Free 800-424-9530

Local 202-694-1100

EC 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.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
Name of Candidate Kiley, Kevin, , ,	
Candidate Office Sought: X House Senate President	State CA  District 03
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Bioline. Co
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republic	atic, an, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	ected organization is a:
Corporation Corporation w/o Capital Stock Labor	r Organization
Membership Organization Trade Association Coop	perative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ated 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.)	
(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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Committees Participating in Joint Fundraiser	
1C	
C	

Write or Type Committee Name  Kevin Kiley for Congress  6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	
	adership PAC Sponsor
American Battleground Fund	
Mailing Address   P.O. Box 30844   P.O. Howard   P.O. Howa	
BETHESDA , MD , 20	824
BETTIESDA INID 20	024
CITY ▲ STATE ▲	ZIP CODE ▲
Relationship: Connected Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the person in pos books and records.</li> </ol>	session of committee
Lawler, Kelly, , ,  Full Name	
9460 Tegner Road	
Mailing Address	
Hilmar	324
CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position ▼	211 0052 -
Record Keeper 209	_   656   _   1542
Telephone number	
O Transport List the course and address (where provided a setting) of the transport of the course it as and the	
8. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer).	ie name and address of
Full Name Lawler, Kelly, , ,	
of Treasurer	
9460 Tegner Road  Mailing Address	
maining y tautiese	
Hilmar CA 95	324
CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position ▼	
Treasurer 209 Telephone number	-   656   -   1542

FEC <b>Form</b>	1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Addres	s [	
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position	1▼	
	Telephone number	-
. Banks or Othe safety deposit l	er Depositories: List all banks or other depositories in which the committee deposits funds, poxes or maintains funds.	holds accounts, rents
Name of Bank,	Depository, etc.	
	Tri Counties Bank	
Mailing Address	2001 Geer Road	
	Turlock CA 953	382
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank,	Depository, etc.	
	EvolveBank and Trust	
Mailing Address	301 Shoppingway Drive	
	Marion AR 723	864
	CITY ▲ STATE ▲	ZIP CODE ▲

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h). <b>Joint Fundraisi</b>	ng Farticipant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connector	l Organization, Affiliated Committee, Joint Fu	advaicing Danvacantativ	o or Londovskip DAC Spon
Grow the Majority C			e, or Leauership FAC Spons
Mailing Address	228 S. Washington St. #115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connecte		oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X J	oint Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee X J		
esignated Agent: Identi Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or markets	Affiliated Committee X Journal of the state	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee  Affiliated Committee  Type of the property of the proper	STATE A Telephone Number	ZIP CODE A

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h). <b>Joint Fundraisi</b>	ng Participant:		
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Protect the House 20		uraising nepresentative	e, or Leadership PAC Spon
Mailing Address	P.O.Box 30844		
	BETHESDA	MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Jo y by name, address (phone number – optional)	int Fundraising Representa	Leadership PAC Sp
		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identi		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	y by name, address (phone number – optional)	int Fundraising Representation	ZIP CODE A
esignated Agent: Identing Full Name	y by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
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Kiley CA Victory Fun	d 			
Mailing Address	9460 Tegner Road	1 1 1 1 1 1		
	Hilmar		L CA	95324
Relationship:	CIT	Y 🛦	STATE ▲	ZIP CODE ▲
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Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Sponsor
Grow the Majority			
Mailing Address	228 S Washington St Ste 115		
	1		
	Alexandria	, VA	22314
Relationship:	CITY A	STATE A	ZIP CODE A
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	Organization Affiliated Committee X J by name, address (phone number – optional)	oint Fundraising Represent	Leadership FAC Spor
			Leadership FAC Spor
Designated Agent: Identify			Leadership FAC Spot
Designated Agent: Identify  Full Name			Leadership FAC Spon
Designated Agent: Identify  Full Name			Leadership FAC Spot
Designated Agent: Identify  Full Name    Mailing Address	by name, address (phone number – optional)		ZIP CODE A
Designated Agent: Identify  Full Name	by name, address (phone number – optional)		

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-	l Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
Transportation Tru	st Fund, , , ,		
Mailing Address	555 Metro Place North		
	#525		
	Dublin	OH	43017
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		int Fundraising Represent	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Sp
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	Participant:		
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Name of Any Connected (	Organization, Affiliated Committee, Joint Fun	ndraising Representative	e, or Leadership PAC Sponsor
Calif. Victory Fund 202	24		
Mailing Address	228 S. Washington St. #115		
	ALEXANDRIA	ı VA	, 22314
Relationship:	CITY ▲	STATE A	ZIP CODE A
rielationship.	CITY	SIAIE	ZIP CODE A
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Designated Agent: Identify  Full Name			
Designated Agent: Identify  Full Name			
Designated Agent: Identify  Full Name    Mailing Address	by name, address (phone number – optional)	STATE A	ZIP CODE A
Designated Agent: Identify  Full Name	by name, address (phone number – optional)	STATE A Telephone Number	ZIP CODE A

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T			
-	Organization, Affiliated Committee, Joint Fundament	draising Representative	e, or Leadership PAC Spon
Protect the House C	alifornia 2024 		
Mailing Address	P.O. Box 30844		
	BETHESDA	MD MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Jointy by name, address (phone number – optional)	nt Fundraising Represent	Leadership PAC Sp
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