Only

STATEMENT OF

PAGE 1 / 4

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Justin Aguilera for Congress 595 Park Avenue ADDRESS (number and street) Suite 200 (Check if address is changed) San Jose 95125 CA CITY A STATE A ZIP CODE A 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 2018 C00683532 FEC IDENTIFICATION NUMBER > 3. X 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. Lawler, Kelly, , , Type or Print Name of Treasurer Lawler, Kelly, , , [Electronically Filed] 07 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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

F	EC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
Can	didate	e Committee:	
(a)	×	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. (Complet information below.)	e the candidate
Name Cand		Aguilera, Justin, , ,	
Cand	idate Affiliati	on REP Office Sought: X House Senate President	State
raity	Allillati	on Sought: House Senate President	District 19
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)		· · · · · ·	mocratic, publican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ted organization is a:
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization Trade Association C	ooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated 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.)	
Join	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two of committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number C	
	4.		

FEC Form 1 (Revi	rised 02/2009)	Page 3
Write or Type Committee		- 0
Justin Aquile	ra for Congress	
	eted Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
NONE		
Mailing Address		
3		
	CITY STATE	ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records books and records. 	: Identify by name, address (phone number optional) and position of the perso	n in possession of committee
	ler, Kelly, , ,	
Full Name	9460 Tegner Road	
Mailing Address		
	Hilmar CA S	95324
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	_ 656 _ 1542
Treasurer: List the name any designated agent (6	ne and address (phone number optional) of the treasurer of the committee; and e.g., assistant treasurer).	the name and address of
Full Name Lawle	er, Kelly, , ,	
Mailing Address	9460 Tegner Road	
	Hilmar CA S	95324
Title or Position	CITY STATE	ZIP CODE
Treasurer		_ 656 _ 1542

FEC FOI	rm 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address	5	
	CITY STATE	ZIP CODE
Title or Position	n en	
	Telephone number	
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds.	
safety deposit I Name of Bank,	Depository, etc. West America 18109 Lander	
safety deposit b	Depository, etc. West America 18109 Lander	
safety deposit I Name of Bank,	Depository, etc. West America 18109 Lander	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
safety deposit I Name of Bank,	Depository, etc. West America 8109 Lander	4 ZIP CODE
safety deposit to Name of Bank, Mailing Address	Depository, etc. West America 8109 Lander S Hilmar CA 9532	
safety deposit to Name of Bank, Mailing Address	Depository, etc. West America 8109 Lander Hilmar CA 9532 CITY STATE	
safety deposit to Name of Bank, Mailing Address	Depository, etc. West America 8109 Lander Hilmar CA 9532 CITY STATE	
safety deposit to Name of Bank, Mailing Address	Depository, etc. West America 8109 Lander Hilmar CA 9532 CITY STATE	
safety deposit It Name of Bank, Mailing Address Name of Bank,	Depository, etc. West America 8109 Lander Hilmar CA 9532 CITY STATE	
safety deposit It Name of Bank, Mailing Address Name of Bank,	Depository, etc. West America 8109 Lander Hilmar CA 9532 CITY STATE	