Only

PAGE 1/9

STATEMENT OF **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. Scott Baugh for Congress 4040 Macarthur Boulevard ADDRESS (number and street) Suite 200 (Check if address is changed) Newport Beach 92660 CA CITY A STATE A ZIP CODE ▲ 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 2022 C00798322 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, , Mrs., Type or Print Name of Treasurer Lawler, Kelly, , Mrs., [Electronically Filed] 08 2022 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate 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. (Complete the committee information below.)	candidate
Name of Candidate Baugh, Scott, , ,	
Candidate Party Affiliation REP Office Sought: House Senate President	State CA
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 47
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republican, et	c.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	organization is a:
Corporation Corporation w/o Capital Stock Labor Orga	anization
Membership Organization Trade Association Cooperative	е
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 f committee. (i.e., nonconnected committee)	und 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)	١.
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 n committees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or necommittees/organizations, none of which is an authorized committee of a federal candidate.	nore political
Committees Participating in Joint Fundraiser	
1. [, , , , , , , , , , , , , , , , ,] C	
C	

•	FEC Form 1 (Revised 0	2/2009)	Page 3
۷	Vrite or Type Committee Name		
	Scott Baugh fo	r Congress	
6.		ganization, Affiliated Committee, Joint Fundraising Representat	tive, or Leadership PAC Sponsor
	Scott Baugh Victory I	-una 	
	Mailing Address	9460 Tegner Road	
		Hilmar CA	95324
		CITY ▲ STATE	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Repres	sentative Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the pe	erson in possession of committee
	Lawler, Kell	y, , Mrs.,	
	Full Name		
	Mailing Address	9460 Tegner Road	
		Hilmar	95324
		CITY ▲ STATE	ZIP CODE ▲
	Title or Position ▼		
	Record Keeper	Telephone number	209 - 656 - 1542
8.	Treasurer: List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the comm ssistant treasurer).	ittee; and the name and address of
	Full Name Lawler, Kell	y, , Mrs.,	
	of Treasurer		
	Mailing Address	9460 Tegner Road	
		Hilmar CA	95324
		CITY ▲ STATE	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	209 - 656 - 1542

FEC Form 1 (Revised C	2/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	Telephone nur	nber	
Banks or Other Depositoric safety deposit boxes or main	es: List all banks or other depositories in which the committed tains funds.	ee deposits funds, hold	s accounts, rents
Name of Bank, Depository, e	tc.		
Tri Cou	nties Bank		
Mailing Address	2001 Geer Road		
	Turlock	CA 95382	
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository, e	tc.		
Wells F	argo Bank		
Mailing Address	8302 Woodmont Avenue		
	Bethesda	MD 20814	
	CITY ▲	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraisin	g Participant:		
	1.	F	FEC ID number	C
	2.	F	FEC ID number	C
	3.	F	FEC ID number	C
	4	F	FEC ID number	C
6.	Name of Any Connected Take Back the Ho	Organization, Affiliated Committee, Joint Fundraisinuse 2022	ng Representativ	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 30844		
		Bethesda	⊥ MD	20824-0844
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	draising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)	1 1 1 1 1 1	
	Mailing Address			
		1		
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		1	none Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which the clintains funds.	committee deposit	s funds, holds accounts, rents
		Bank and Trust		
	Depository, etc.	Bank and Trust 301 Shoppingway Drive	1 1 1 1 1	
	Depository, etc.	301 Shoppingway Drive		
	Depository, etc.		AR	72301

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

5(a) c	or(h). Joint Fundraisi n	a Participant		
J(g) C	1.		FEC ID number	С
	2.		EC ID number	С
	3.		EC ID number	C
	4.		EC ID number	C
	7.			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraisin	ng Representative	e, or Leadership PAC Sponsor
	Cruz 25 for 22 Vid	tory Fund		
		P.o. Box 341027		
	Mailing Address	F.O. BOX 341027		
		Austin	TX	78734
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee X Joint Fund	draising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number - optional)		
	Mailing Address			
	Malling Address			
	Maining Addition			
	maining / dalesse			
	maining / daress			
	TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
		•		ZIP CODE A
		•	STATE A	ZIP CODE A
	TITLE OR POSITION	ries: List all banks or other depositories in which the o	STATE ▲ one Number	
	TITLE OR POSITION Banks or Other Depositorsafety deposit boxes or many	ries: List all banks or other depositories in which the calintains funds.	STATE ▲ one Number	
	TITLE OR POSITION Banks or Other Depositorsafety deposit boxes or many	ries: List all banks or other depositories in which the caintains funds. Bridge Bank	STATE ▲ one Number	
	Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in which the calintains funds.	STATE ▲ one Number	
	Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the caintains funds. Bridge Bank	STATE ▲ one Number	
9.	Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the caintains funds. Bridge Bank	STATE ▲ one Number	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisin		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
4.			
ame of Any Connected Baugh For CA-47	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Baugill of CA-47			
Mailing Address	PO Box 30844;		
3			
	Bethesda	MD	20824
Relationship:	CITY A	STATE A	ZIP CODE ▲
	d Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
Connected	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
Connected esignated Agent: Identify		Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
Connected esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc.	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

5(g) or (h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
6. Name of Any Connected NRCC California	Organization, Affiliated Committee, Joint Fundrais /ictory	ing Representative	e, or Leadership PAC Sponsor
Mailing Address	228 S. Washington Street Suite 115		
	Alexandria	ı VA ı	22314
Relationship:	CITY A	STATE A	ZIP CODE A
Connected		ndraising Represent	
8. Designated Agent: Identify Full Name	by name, address (phone number – optional)		
Mailing Address			
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
	Telep	hone Number	
	ies: List all banks or other depositories in which the	committee deposit	s funds holds accounts rents
Name of Bank,	intains funds.		
Name of Bank, Depository, etc.	intains funds.		
Name of Bank,	intains funds.		
Name of Bank, Depository, etc.	intains funds.		

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundra ouse California 2022	aising Representative	e, or Leadership PAC Spon
Mailing Address	PO Box 30844		
	Bethesda	CA CA	20824
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC S
	Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify		Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif		Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif		Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identif	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc	ries: List all banks or other depositories in which	STATE A	ZIP CODE A