

**Statement of Organization  
Recipient Committee**

**Statement Type**    Initial                       **Amendment**                       **Termination – See Part 5**  
 Not yet qualified  
or  
 Date qualified as committee    08 / 21 / 2020                      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date qualified as committee                      Date of termination  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Stamp	<b>CALIFORNIA FORM 410</b>
<div style="border: 1px solid red; padding: 5px; color: red; display: inline-block;"> E-Filed  10/05/2022  02:36:44   Filing ID:  205028663 </div>	
For Official Use Only	

<b>1. Committee Information</b>	<b>2. Treasurer and Other Principal Officers</b>
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**I.D. Number** (if applicable) 1434357

NAME OF COMMITTEE  
Santa Monicans For Change, to support Negrete and Melkonians for City Council 2022

STREET ADDRESS (NO P.O. BOX)

CITY                      STATE                      ZIP CODE                      AREA CODE/PHONE  
Hilmar                      CA                      95324                      (209)656-1542

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
kellylawler@thekalgroup.com;

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Merced	Santa Monica

NAME OF TREASURER  
Kelly Lawler

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hilmar	CA	95324	(209)656-1542

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)  
Dominic Gomez

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Monica	CA	90405	(415)518-3500

*Attach additional information on appropriately labeled continuation sheets.*

**3. Verification**  
I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/5/2022                      By Kelly Lawler  
DATE    SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_                      By \_\_\_\_\_  
DATE    SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_                      By \_\_\_\_\_  
DATE    SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_                      By \_\_\_\_\_  
DATE    SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Santa Monicans For Change, to support Negrete and Melkonians for City Council 2022	I.D. NUMBER 1434357
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Tri Counties Bank	AREA CODE/PHONE (209) 668-1882	BANK ACCOUNT NUMBER Bank account redacted
ADDRESS	CITY Turlock	STATE CA
		ZIP CODE 95380

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
Armen Melkonians	City Council Member: City of Santa Monica	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lana Negrete	City Council Member: City of Santa Monica	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization  
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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Santa Monicans For Change, to support Negrete and Melkonians for City Council 2022

I.D. NUMBER

1434357

**4. Type of Committee** (Continued)

**General Purpose Committee** Not formed to support or oppose specific candidates or measures in a single election. Check only one box:  
 **CITY Committee**  **COUNTY Committee**  **STATE Committee**  **Political Party/Central Committee**

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee** List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**Small Contributor Committee**  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified

**5. Termination Requirements** By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
  - This committee does not anticipate receiving contributions or making expenditures in the future;
  - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - This committee has no surplus funds; and
  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.