

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified

or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☒ Termination - See Part 5

Date of termination

12 / 31 / 2024

Date Stamp
Filed
JAN 10 2025
Tuolumne County Clerk

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

I.D. Number

1418862

NAME OF COMMITTEE

Committee to Elect David R Goldemberg 2020 Tuolumne County Board of Supervisors, District 1

STREET ADDRESS (NO P.O. BOX)

CITY
Sonora

STATE
CA

ZIP CODE
95370

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

David R Goldemberg

STREET ADDRESS (NO P.O. BOX)

CITY

Sonora

STATE

CA

ZIP CODE

95370

EMAIL ADDRESS OF TREASURER (REQUIRED)

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

AREA CODE/PHONE

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 12/31/2024

By

Executed on 12/31/2024

By

Executed on

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT