Statement of Organization Recipient Committee					Filed	CALIFORNIA FORM	410
Statement Typ	e Initial	☐ Amendment	☑ Te	ermination – See Part 5		For Official Use O	nly
	O Not yet qualified						
	or				JAN 1 0 2025		
	O Date qualification threshold me	Date qualification threshold met		Date of termination	. (1	0	\
			_1	2 / 31 / 2024	Tuolumne County die	Olean	
1. Committe	e Information I.D. Number	er 1418862	2. Treasurer and O	ther Principal Officers			
NAME OF COMMITT	EE CAST			NAME OF TREASURER	Deputy		
Committee to	lect Davind Goldemberg 2020 Tuo	lumne County Board of		David R Goldemberg			
Supervisors, Di	strict 1			STREET ADDRESS (NO P.O. BOX)		STATE	ZIP CODE
					Sonora	CA	95370
CTREET LEBERTS (NO	A A A A A A A A A A A A A A A A A A A			EMAIL ADDRESS OF TREASURES	R (REQUIRED)	AREA CODE/	PHONE
STREET ADDRESS (N	3 KO. 80X)						
				NAME OF ASSISTANT TREASURI	ER, IF ANY		
Sonora	STATE	21P CODE AREA CODE/PHONE 95370					
		95370		STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
FULL MAILING ADD	ESS (IF DIFFERENT)						
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)			_	EMAIL ADDRESS OF ASSISTANT	TREASURER (REQUIRED)	AREA CODE/	PHONE
E-MAIL ADDRESS OF	COMMITTEE (REQUIRED) / FAX (OF HONAL)						
COUNTY OF DOMICE	E HIBISDICTION WHERE	COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)		
COUNTY OF BOMIC	JONISDICTION WHERE	COMMITTEE IS ACTIVE					
				STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
							nitatio -
Attach additional information on appropriately labeled continuation sheets.				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 foresping is true and sorrect							
12	/31/2024						
Executed on	DATE By						
Executed on 12	/31/2024 By						
	DATE	William of Anti-		conserved equipment of examile men	GONC PROPUNCIN		
Executed on	Ву				- Marie Mari	-	
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT							
Executed on	DATE By	SIGNATURE DE CONTROL	UNG DEE	CEHOLDER, CANDIDATE OR STATE MEA	ASURE PROPONENT	-	0 20 93

FPPC Form 410 (October/2023)
FPPC Advice: advice@fppc,ca.gov (866/275-3772)
www.fppc,ca.gov