

LOCAL

Type or print in ink.

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

Date Stamp RECEIVED in the office of the Secretary of State of the State of California JUL 05 2024	CALIFORNIA 2001/02 FORM 460 Page <u>1</u> of <u>12</u> For Official Use Only
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
<i>(Also Complete Part 5)</i> | ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
<i>(Also Complete Part 6)</i> |
| ☒ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☒ Political Party/Central Committee | ☐ Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|---|
| ☐ Preelection Statement | ☐ Quarterly Statement |
| ☒ Semi-annual Statement | ☐ Special Odd-Year Report |
| ☐ Termination Statement
<i>(Also file a Form 410 Termination)</i> | ☐ Supplemental Preelection Statement - Attach Form 495 |
| ☐ Amendment (Explain below) | |

3. Committee InformationI.D. NUMBER
743486COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
TUOLUMNE COUNTY DEMOCRATIC CENTRAL COMMITTEESTREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY SONORA	STATE CA	ZIP CODE 95370	AREA CODE/PHONE [REDACTED]
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MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO BOX 1745

CITY JAMESTOWN	STATE CA	ZIP CODE 95327	AREA CODE/PHONE [REDACTED]
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OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]**Treasurer(s)**NAME OF TREASURER
Donald NesterMAILING ADDRESS
[REDACTED]

CITY Sonora	STATE CA	ZIP CODE 95370	AREA CODE/PHONE [REDACTED]
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NAME OF ASSISTANT TREASURER, IF ANY
Marvin KeshnerMAILING ADDRESS
[REDACTED]

CITY Sornor	STATE CA	ZIP CODE 95370	AREA CODE/PHONE [REDACTED]
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OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 <u>2/7/2024</u>	Date
Executed on _____	Date
Executed on _____	Date
Executed on _____	Date

By _____	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____	Signature of Controlling Officeholder, Candidate, State Measure Proponent
By _____	Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page - Part 2

Type or print in ink.

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee

List names of

officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 1/1/2024
through 6/30/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TUOLUMNE COUNTY DEMOCRATIC CENTRAL COMMITTEE

I.D. NUMBER
743486

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$138.00	\$138.00
2. Loans Received Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$138.00	\$138.00
4. Nonmonetary Contributions Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$138.00	\$138.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received		
21. Expenditures Made		

Expenditures Made

6. Payments Made Schedule E, Line 4	\$348.50	\$348.50
7. Loans Made Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$348.50	\$348.50
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$348.50	\$348.50

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date

Amounts in this section may be different from amounts
reported in Column B.

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$450.90
13. Cash Receipts Column A, Line 3 above	\$138.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$0.00
15. Cash Payments Column A, Line 8 above	\$348.50
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$240.40

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$240.40
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$0.00

To calculate Column B, add
amounts in Column A to the
corresponding amount
from Column B of your last
report. Some amounts in
Column A may be negative
figures that should be
subtracted from previous
period amounts. If this is
the first report being filed
for this calendar year, only
carry over the amounts
from Lines 2, 7, and 9 (if
any).

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 1/1/2024
through 6/30/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TUOLUMNE COUNTY DEMOCRATIC CENTRAL COMMITTEE

I.D. NUMBER
743486

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/30/2024	Tuolumne County Democratic central Committee Sonora, CA 95370 ***SEE BELOW FOR TREASURER INFORMATION*** Memo Reference: 1	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		\$138.00	\$138.00	
	TREASURER Donald Nester Sonora Ca, CA 95370	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$138.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$138.00

*Contributor Codes

IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule B - Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period

from 1/1/2024

through 6/30/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TUOLUMNE COUNTY DEMOCRATIC CENTRAL COMMITTEE

I.D. NUMBER
743486

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				☐ PAID		RATE %		CALENDAR YEAR
				☐ FORGIVEN				PER ELECTION**
					DATE DUE		DATE INCURRED	
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				☐ PAID		RATE %		CALENDAR YEAR
				☐ FORGIVEN				PER ELECTION**
					DATE DUE		DATE INCURRED	
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				☐ PAID		RATE %		CALENDAR YEAR
				☐ FORGIVEN				PER ELECTION**
					DATE DUE		DATE INCURRED	
SUBTOTAL \$				\$	\$	\$		

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$0.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period
from 1/1/2024
through 6/30/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TUOLUMNE COUNTY DEMOCRATIC CENTRAL COMMITTEE

I.D. NUMBER
743486

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

- Amount received this period - itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$0.00
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)TOTAL \$0.00

*Contributor Codes

IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TUOLUMNE COUNTY DEMOCRATIC CENTRAL COMMITTEE

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period from 1/1/2024 through 6/30/2024	CALIFORNIA FORM 460 Page 7 of 12
I.D. NUMBER 743486	

DATE	NAME OF CANDIDATE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/21/2024	Squarespace, Inc.	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	Annual Payment to ISP for Tuolumne County Central Committee Website	\$276.00	\$276.00	
	☒ Support ☐ Oppose		Memo Reference: 2			
		☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose					
		☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose					
SUBTOTAL \$						

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$276.00
2. Unitemized contributions and independent expenditures made this period of under \$100	\$72.50
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	\$348.50

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 1/1/2024 through 6/30/2024	CALIFORNIA FORM 460 Page 8 of 12
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TUOLUMNE COUNTY DEMOCRATIC CENTRAL COMMITTEE

I.D. NUMBER
743486

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Squarespace, Inc. 225 Varick Street, 12th Floor New York, NY 10014	WEB	ISP annual charge for Committee's Website	\$276.00
Memo Reference: 3			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

1. Itemized payment made this period. (Include all Schedule E subtotals.)	\$276.00
2. Unitemized payments made this period of under \$100	\$72.50
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	\$348.50

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

[illegible]

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.).....	INCURRED TOTALS	\$0.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.).....	PAID TOTALS	\$0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.).....	NET	\$0.00
		(May be a negative number)

Schedule H Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period
from 1/1/2024
through 6/30/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TUOLUMNE COUNTY DEMOCRATIC CENTRAL COMMITTEE

I.D. NUMBER
743486

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				☐ FORGIVEN		RATE %		PER ELECTION**
					DATE DUE		DATE INCURRED	
				☐ PAID				CALENDAR YEAR
				☐ FORGIVEN		RATE %		PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTAL		\$	\$	\$	\$	

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period \$0.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Payments received on loans \$0.00
(Total Column (c) plus unitemized payments of less than \$100.)
3. Net change this period. (Subtract Line 2 from Line 1.) NET \$0.00
Enter the net here and on the Summary Page, Column A, Line 7.
(May be a negative number)

** If required.

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period
from 1/1/2024
through 6/30/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TUOLUMNE COUNTY DEMOCRATIC CENTRAL COMMITTEE

I.D. NUMBER
743486

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
SUBTOTAL \$			

Schedule I Summary

- | | |
|--|--------|
| 1. Itemized increases to cash this period. | \$0.00 |
| 2. Unitemized increases to cash of under \$100 this period. | \$0.00 |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) | \$0.00 |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) TOTAL | \$0.00 |

Memo Reference: 1

This is from the Federal account of the Tuolumne County Democratic Central Committee. This is for the Federal portion of the ISP yearly bill for our website.

Memo Reference: 2

Annual Payment to ISP for Tuolumne County Democratic Committee's Website that is used by the State account and the Federal account

Memo Reference: 3

Tuolumne County Democratic Central Committee Website for both the State account and the Federal account.
