Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

O State Candidate Election Committee

SEE INSTRUCTIONS ON REVERSE

O Recall

(Also Complete Part 5)

O Sponsored

3. Committee Information

STREET ADDRESS (NO P.O. BOX)

OPTIONAL: FAX / E-MAIL ADDRESS

CITY

CITY

SONORA

PO BOX 1745

**JAMESTOWN** 

General Purpose Committee

O Small Contributor Committee

Political Party/Central Committee

STATE

STATE

CA

CA

**COVER PAGE** Type or print in ink. CALIFORNIA Date Stamp 2001/02 RECEIVED in the office of the Secretary or Place ORM Page -1 of the State of California Statement covers period Date of election if applicable: For Official Use Only (Month, Day, Year) JUL 05 2024 1/1/2024 6/30/2024 11/5/2024 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: ☐ Officeholder, Candidate Controlled Committee □ Preelection Statement ☐ Primarily Formed Ballot Measure Quarterly Statement Committee Semi-annual Statement Special Odd-Year Report O Controlled ☐ Termination Statement Supplemental Preelection O Sponsored (Also file a Form 410 Termination) Statement - Attach Form 495 (Also Complete Part 6) Amendment (Explain below) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7) I.D. NUMBER Treasurer(s) 743486 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Donald Nester TUOLUMNE COUNTY DEMOCRATIC CENTRAL COMMITTEE MAILING ADDRESS CITY AREA CODE/PHONE STATE ZIP CODE 95370 Sonora CA ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY 95370 Marvin Keshner MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE 95327 95370 Sornor CA OPTIONAL FAY / F-MAIL ADDRESS

#### 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and under penalty of perjury under the laws of the State of California that the foregoing	t to the best of my knowledge the information contained berein and in the attached schedules is true a g is true and corr	nd complete. I certify
Executed on 2/7/2024 Date	Ву	
Executed onDate	BySignature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	
Executed onDate	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed on	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	EPPC Toll-Free Helpline: 6

Recipient Committee Campaign Statement Cover Page - Part 2

Type or print in ink.

COVER PAGE - PART 2
CALIFORNIA FORM 460

Officeholder or Candidate Controlled Committee		6.	Primarily Formed Ballot Me	asure Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICA	BLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP		Identify the controlling officeho	older, candidate, or state r	measure prop	ponent, if any.
			NAME OF OFFICEHOLDER, CANDIDATE,	OR PROPONENT		
Related Committees Not Included in this Statement: List any not included in this statement that are controlled by you or are primarily formed to recontributions or make expenditures on behalf of your candidacy.	committees eive		OFFICE SOUGHT OR HELD		DISTRICT NO. I	IF ANY
COMMITTEE NAME I.D.	NUMBER				1	
	NTROLLED COMMITTEE?	7.	Primarily Formed Candidate officeholder(s) or candidate(s) for which			names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR CANDIDA	TE OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE  COMMITTEE NAME	AREA CODE/PHONE  NUMBER		NAME OF OFFICEHOLDER OR CANDIDA	TE OFFICE SOUGH	T OR HELD	SUPPORT
COMMITTEE NAME	NOMBLE		NAME OF OFFICEHOLDER OR CANDIDA	TE OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
	NTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CANDIDA	TE OFFICE SOUGH	T OR HELD	
MANUE OF TREMORIES	YES NO					SUPPORT
MARIE OF TREASURER						SUPPORT OPPOSE

# Campaign Disclosure Statement Summary Page

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

	SUMMARY PAGE
Statement covers period from $\frac{1/1/2024}{}$	CALIFORNIA 460
through6/30/2024	Page _3 of _12
	I.D. NUMBER 743486

SEE INSTRUCTIONS ON REVERSE NAME OF FILER TUOLUMNE COUNTY DEMOCRATIC CENTRAL COMMITTEE

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$138.00	\$138.00	General Elections
2. Loans Received	\$0.00	\$0.00	1/1 through 6/30 7/1 to Date 20. Contributions
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$138.00	\$138.00	Received
4. Nonmonetary Contributions Schedule C, Line 3	\$0.00	\$0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$138.00	\$138.00	Made
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$348.50	\$348.50	Candidates
7. Loans Made Schedule H, Line 3	\$0.00	\$0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$348.50	\$348.50	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	\$0.00	\$0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	\$0.00	\$0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$348.50	\$348.50	
Current Cash Statement			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$450.90	To calculate Column B, add	Amounts in this coation may be different from an arrival
13. Cash Receipts Column A, Line 3 above	\$138.00	amounts in Column A to the corresponding amount	Amounts in this section may be different from amounts reported in Column B.
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$0.00	from Column B of your last	
15. Cash Payments	\$348.50	report. Some amounts in Column A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$240.40	figures that should be subtracted from previous	
If this is a termination statement, Line 16 must be zero.		period amounts. If this is the first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if	
Cash Equivalents and Outstanding Debts		any).	
18. Cash Equivalents	\$240.40		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$0.00		
			FPPC Form 460 (January/05 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772

### Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE A
Statement covers period from $\frac{1/1/2024}{}$	FORM 460
through	Page 4 of 12

SEE INSTRUCTIO	INS ON REVERSE				through	Page 4 of 12
NAME OF FILER	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 DA CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE
5/30/2024	Tuolumne County Democratic central Committee  Sonora, CA 95370  ***SEE BELOW FOR TREASURER INFORMATION***	IND COM OTH PTY SCC	ED HO	\$138.00	\$138.00	
	***TREASURER*** Donald Nester Sonora Ca, CA 95370	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		4		
		IND COM OTH PTY SCC			-3	
		IND COM OTH PTY SCC				
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC				
			SUBTOTAL	3		
Schedule A  1. Amount re	eceived this period - itemized monetary contributions.			\$138.00	IND -	ntributor Codes
	Il Schedule A subtotals.)eceived this period - unitemized monetary contributions of less that			\$0.00		1 - Recipient Committee (other than PTY or SCC)
Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Column A, Line			\$138.00	PTY	<ul><li>Other (e.g., business entity)</li><li>Political Party</li><li>Small Contributor Committee</li></ul>

California D. Dout 4		Type o	r print in ink				SCHE	DULE B - PART 1
Schedule B - Part 1 Loans Received		Amounts	may be rounded ole dollars.		A	ent covers perio	TO A STATE OF THE	460
SEE INSTRUCTIONS ON REVERSE					through .	6/30/2024	_ Page _5_	of <u>12</u>
NAME OF FILER TUOLUMNE COUNTY DEMOCRATIC CENTRAL COMMI	TTEE				as tork	SU LABTHAG S	I.D. NUMBER 743486	AME OF FILES TUDGESMEE, CAUN
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
				PAID ALCO		%		CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC				<del> </del>	DATE DUE		DATE INCURRED	
				□ PAID		%		CALENDAR YEAR
	The second secon			FORGIVEN	American Company	RATE		PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC				1 470 (3)	DATE DUE	LPLACE POSSESSES AND	DATE INCURRED	
				PAID		%		CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED	
	BUATOTS	SUBTOTAL	\$	\$ stoads	\$ manufacture had	\$ het vijete vijese		
Schedule B Summary				<b>\$0.</b>	0.0	(Enter (e) on Schedule E, Line 3		
Loans received this period	n \$100.)					*Co	ontributor Codes	os discount)
Loans paid or forgiven this period  (Total Column (c) plus loans under \$100 paid or for (Include loans paid by a third party that are also item.)	given.) mized on Schedule A.)				a care	_ CO	) - Individual M - Recipient Co (other than P H - Other (e.g., b Y - Political Party	TY or SCC) usiness entity)
Net change this period. (Subtract Line 2 from Line Enter the net here and on the Summary Page, Colu	1.)			NET \$0.			C - Small Contrib	
*Amounts forgiven or paid by another party also mus	st be reported on Schedule A.						FPPC	Form 460 (January/05)

Schedule ( Nonmonet	C ary Contributions Rec	eived	Type or print in ink.  Amounts may be roun to whole dollars.		Statement cover from 1/1/2024		CALIFO FOR	
	- ones   rounded				through 6/30/2	024	Page -	6 of 12
SEE INSTRUCTIONS ON NAME OF FILER TUOLUMNE COUNT	Y DEMOCRATIC CENTRAL COMMITTEE				- Friends Air	-1917 (34.17)	I.D. NUMBE 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	DA	ATIVE TO ATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1,4 <b>0</b> (1,13,11,13)	arkh	IND COM OTH PTY SCC						
atay ordera or	VI 40	IND COM OTH PTY SCC			308 11	res Cit	ero LI	re Disalif
SATYSPACES	TALL VICTOR BUSTON	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			nor O	zna C′	erro II	ico El cei Eli
MONTO TERM		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ soc	ha Di	-ro (D.)	10 No. C co.
Attach additional in	formation on appropriately labeled continu		A LA LOTEUR SU	JBTOTAL \$				
(Include all Sch	d this period - itemized nonmonetary contredule C subtotals.)					IND - Ir COM - OTH - 0 PTY - F	(other tha Other (e.g. Political Pa	Committee n PTY or SCC) , business entity)

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

NAME OF FILER

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

Statement covers period 1/1/2024

CALIFORNIA FORM

SCHEDULE D

6/30/2024 through \_

from

I.D. NUMBER

TUOLUMNE C	COUNTY DEMOCRATIC CENTRAL COMMITTEE			BETT TOMBUG SAIP	743486	TRUCK THE COLOUR
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 t enegasia	Squarespace, Inc.	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Annual Payment to ISP for Tuolumne County Central Committee Website  Memo Reference: 2	\$276.00	\$276.00	RIS carrence of the control of the c
	□ Support □ Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure		etter virusetarinen eren er Hinto V. (C. 2009) ett A. C. Mei	et bereike en en zoer dans en	
	☐ Support ☐ Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure				
CONTRACTOR OF THE PROPERTY OF			SUBTOTAL \$			
Schedule D	Summary		tofobernik no be immerse ediosia la min Tofobernik no be immerse ediosia la min	.nuffasiore invlino	double to a delega	Payments & Stage
	contributions and independent expenditures made this period. (Incli	ude all Schedule D s	subtotals.)	allan etter inn ellerte e	A	276.00
2. Unitemize	ed contributions and independent expenditures made this period of	under \$100		0018 2004 103		72.50
Total cont	ributions and independent expenditures made this period. (Add Lin	nes 1 and 2. Do not	enter on the Summarv Page.)	. (CHARLE PORT OF ROS 1 February 1 - 2 - 2 - 2 - 2		348.50

Schedule	E	4 7
<b>Payments</b>	Ma	de

Type or print in ink.

Amounts may be rounded

SCHEDULE E

Statement covers period from  $\frac{1/1/2024}{\text{from}}$  CALIFORNIA FORM 460

through  $\frac{6/30/2024}{\text{Page}}$  Page  $\frac{8}{\text{of}}$  of  $\frac{12}{\text{LD. NUMBER}}$ 

743486

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TUOLUMNE COUNTY DEMOCRATIC CENTRAL COMMITTEE

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	
TL candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals	
ND fundraising events		L polling and survey research		staff/spouse travel, lodging, and meals	
ND independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/spe	
EG legal defense	PRO	professional services (legal, accounting)	VOT	voter registration	
IT 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 D	ESCRIPTIO	N 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		District D tages of				
Mello Aeference, 3		emolé D				
		A ENGLOSS Hoggie O				
SUBTOTAL 3	***************************************					

<sup>\*</sup> 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

Schedule F		
<b>Accrued Expenses</b>	(Unpaid	Bills)

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

SCHEDULE F Statement covers period **CALIFORNIA** 1/1/2024 **FORM** 6/30/2024 Page 9 through I.D. NUMBER 743486

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TUOLUMNE COUNTY DEMOCRATIC CENTRAL COMMITTEE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. MBR member communications RAD radio airtime and production

CNS campaign consultants MTG meetings and appearances RFD returned contributions contribution (explain nonmonetary)\* CTB 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 POL polling and survey research TRS staff/spouse travel, lodging, and meals **FND** fundraising events independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services **TSF** transfer between committees of the same candidate/sponsor IND

**LEG** legal defense PRO professional services (legal, accounting) voter registration VOT

PRT LIT campaign literature and mailings print ads WEB information technology costs (internet, e-mail)

	E AND ADDRESS OF CRED DMMITTEE, ALSO ENTER I.D. NUI		CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSING OF THIS PERIOD
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		8	2 . 3 347	TO LAN			no tre more source on School at them. After the majority of School at the Land
	#5033 F (0.00)		The second of the second second	Annual Company of the		68 교육 (1945) 6명 후 전체인 가는 1월 10년 (1955) (1965) 1월 11일 대학교 (1955)	
						V	Schedule H Sumina
* Payments that are contributions or independent exp summarized on Schedule D.	penditures must also be summarized on Sc	chedule D.	SUBTOTAL	.\$	\$ (782/27/6/8) 2	\$ I to small become use at	\$ half of the property of the form

### Schedule F Summary

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.)	 INCU

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.).

\$0.00 JRRED TOTALS

\$0.00

\$0.00 (May be a negative number)

# BUTODROS		Type o	r print in ink					SCHEDULE H	
Schedule H Loans Made to Others*		Type or print in ink.  Amounts may be rounded  to whole dollars.				Statement covers period from 1/1/2024		california form 460	
8 3078121 Page 1 - of -					through	6/30/2024	Page 10	— of 12	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER TUOLUMNE COUNTY DEMOCRATIC CENTRAL COMMI	ITTEE				SOTTONIA	OD JARIJARO DO	I.D. NUMBER 743486	BEINT DE PARA BOST BAND TOUT	
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	
normalista de la composició de la compos	ration JAC ration JUT state DOT	198	Britano nos se Britano nos se Britano non	PAID		"yestəcər	consumeración manor diamentos de contra de contra diamentos de contra de con	CALENDAR YEAR	
gues travelt sodding rend meds r traveler cummiliaer rend so sagno naedepte sceneor idistration		ด้วยสลังกับ การเกษตรมอกก	nue bris politico no primer servicio	FORGIVEN	iasa) estilo (n.	RATE	g events int expenditure	PER ELECTION**	
agranoses Mera S. annus contratos (internal), su mais				100	DATE DUE	applies.	DATE INCURRED	Agreemen T	
ACT OF THE CONTRACT AND ACT OF THE CONTRACT OF	A CONTROL OF THE CONT		1 35 30 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	PAID		%	A CHA PIVAN BETTAN KITATI	CALENDAR YEAR	
CONTRACT SHALL AND DESCRIPTION OF THE DESCRIPTION OF THE PERSON OF THE P		70		FORGIVEN		RATE		PER ELECTION**	
		Y Span			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									
Loans made this period  (Total Column (b) plus unitemized loans of less that	an \$100.)	TOTAL 9	ur ur	\$0.0	00		the contract of		
Payments received on loans (Total Column (c) plus unitemized payments of less	s than \$100.)				poster the pre-dent	ned likis perkadi. (	ynary noon see noon	** If required.	
				3 ( <b>)</b>				hornani inteli	
<ol><li>Net change this period. (Subtract Line 2 from Line Enter the net here and on the Summary Page, Colo</li></ol>	umn A, Line 7.	and the latest		(May I	pe a negative number	ma e plus iotal u			
				and editarents.				<ol> <li>Betchange tr</li> </ol>	

SEE INSTRUCTIONS	neous Increases to Cash	Type or pr Amounts may to whole	y be rounded	Statement covers period from $\frac{1/1/2024}{\text{through}}$	CALIFORNIA FORM 460  Page 11 of 12  I.D. NUMBER 743486
DATE RECEIVED	I DESCRIPTION OF REC			OF RECEIPT	AMOUNT OF INCREASE TO CASH
	· · · · · · · · · · · · · · · · · · ·				
				SUBTOTAL S	
Schedule I Sur	mmary				
	eases to cash this period.			\$0.00	_
	ncreases to cash of under \$100 this period.		- •		
	terest received this period on loans made to others. (Schedule H, C				_
4. Total miscella	aneous increases to cash this period. (Add Lines 1, 2, and 3. Ente	r here and on the		40.00	_

		nce	

Property of the same and the 

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 webwsite. and the contract of the contra

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.