

Statement of Organization Recipient Committee

55

Type or print in Ink.

STATEMENT OF ORGANIZATION

Statement Type

☐ InitialNot yet qualified ☐ or☒ Amendment

List I.D. number:

743486
10/12/2015

Date qualified as committee

Date qualified as committee
(if applicable)☐ Termination - See Part 5

List I.D. number:

#

Date of Termination

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

NOV 04 2024

CALIFORNIA
FORM

410

Page 1 of 5

1. Committee Information

NAME OF COMMITTEE

TUOLUMNE COUNTY DEMOCRATIC CENTRAL COMMITTEE

STREET ADDRESS (NO P.O.BOX)

CITY

Sonora

STATE ZIP CODE

CA 95370

AREA CODE / PHONE

MAILING ADDRESS (IF DIFFERENT)

NA, NA. NA 93370

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Tuolumne

JURISDICTION WHERE COMMITTEE IS ACTIVE

Tuolumne

2. Treasurer and Other Principal Officers

NAME OF TREASURER

NA NA

STREET ADDRESS

NA

CITY

NA

STATE ZIP CODE

CA 00000

AREA CODE / PHONE

() -

NAME OF ASSISTANT TREASURER, IF ANY

Marvin Keshner

STREET ADDRESS

CITY

Sonra

STATE ZIP CODE

CA 95370

AREA CODE / PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Dana Butow - Chair

MAILING ADDRESS

CITY

Sonora

STATE ZIP CODE

CA 95370

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 11/2/2024

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Dec/2012)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Statement of Organization Recipient Committee

Statement Type

☐ InitialNot yet qualified ☐ or

Date qualified as committee

Type or print in ink.

☒ Amendment

List I.D. number:

743486

10/12/2015

Date qualified as committee
(if applicable)☐ Termination - See Part 5

List I.D. number:

#

Date of Termination

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM

410

Page 2 of 5

1. Committee Information

NAME OF COMMITTEE

TUOLUMNE COUNTY DEMOCRATIC CENTRAL COMMITTEE

STREET ADDRESS (NO P.O.BOX)

CITY

Sonora

STATE ZIP CODE

CA 95370

AREA CODE / PHONE

MAILING ADDRESS (IF DIFFERENT)

NA, NA. NA 93370

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Tuolumne

JURISDICTION WHERE COMMITTEE IS ACTIVE

Tuolumne

2. Treasurer and Other Principal Officers

NAME OF TREASURER

NA NA

STREET ADDRESS

NA

CITY

NA

STATE ZIP CODE

CA 00000

AREA CODE / PHONE

() -

NAME OF ASSISTANT TREASURER, IF ANY

Marvin Keshner

STREET ADDRESS

CITY

Sonra

STATE ZIP CODE

CA 95370

AREA CODE / PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Paul Bailey - Secretaray

MAILING ADDRESS

CITY

Twain Harte

STATE ZIP CODE

Ca 95383

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 11/2/2024

DATE

Executed on

DATE

Executed on

DATE

Executed on

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Dec/2012)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Statement of Organization Recipient Committee

Statement Type

☐ InitialNot yet qualified ☐ or

Date qualified as committee

Type or print in Ink.

☒ Amendment

List I.D. number:

743486

10/12/2015

Date qualified as committee
(if applicable)☐ Termination - See Part 5

List I.D. number:

#

Date of Termination

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

NOV 04 2024

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM

410

Page 3 of 5

1. Committee Information

NAME OF COMMITTEE

TUOLUMNE COUNTY DEMOCRATIC CENTRAL COMMITTEE

STREET ADDRESS (NO P.O.BOX)

CITY

Sonora

STATE ZIP CODE

CA 95370

AREA CODE / PHONE

MAILING ADDRESS (IF DIFFERENT)

NA, NA. NA 93370

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Tuolumne

JURISDICTION WHERE COMMITTEE IS ACTIVE

Tuolumne

2. Treasurer and Other Principal Officers

NAME OF TREASURER

NA NA

STREET ADDRESS

NA

CITY

NA

STATE ZIP CODE

CA 00000

AREA CODE / PHONE

() -

NAME OF ASSISTANT TREASURER, IF ANY

Marvin Keshner

STREET ADDRESS

CITY

Sonra

STATE ZIP CODE

CA 95370

AREA CODE / PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Elian Hagen - Assistant Chair

MAILING ADDRESS

CITY

Tuolumne

STATE ZIP CODE

Ca 95379

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 11/2/2024

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Dec/2012)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM

410

Page 4 of 5

COMMITTEE NAME

TUOLUMNE COUNTY DEMOCRATIC CENTRAL COMMITTEE

I.D. NUMBER

743486

● All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

Mocse Federal Credit Union

AREA CODE / PHONE

(209) 572-3600

BANK ACCOUNT NUMBER

5991251411669

ADDRESS

3600Coffee Rd.

CITY

Modesto

STATE

CA

ZIP CODE

95370

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 "non-partisan".
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICE HOLDER/STATE MEASURE PROPONENT	EFFECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			☐ Non-Partisan
			☐ Non-Partisan

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT ☐	OPPOSE ☐
		☐	☐

FPPC Form 410 (Dec/2012)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM

410

INSTRUCTIONS ON REVERSE

Page 5 of 5

COMMITTEE NAME

TUOLUMNE COUNTY DEMOCRATIC CENTRAL COMMITTEE

I.D. NUMBER

743486

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

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Accepts contributions and supports election activities.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

California Democratic Party

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

1830 9th Street

CITY

Sacramento

STATE

CA

ZIP CODE

95881

Small Contributor Committee☒ 10/12/2015

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

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.

FPPC Form 410 (Dec/2012)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)