

Statement of Organization Recipient Committee

Statement Type

☐ InitialNot yet qualified ☐ or☐ Amendment

List I.D. number:

Date qualified as committee

Date qualified as committee
(if applicable)

Type or print in ink.

☒ Termination - See Part 5

List I.D. number:

1312400

10/31/2024

Date of Termination

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM

410

Date **Filed**

NOV 03 2024

By Tuolumne County Clerk

Deputy

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1. Committee Information

NAME OF COMMITTEE

TUOLUMNE COUNTY DEMOCRATIC CLUB OF SONORA

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE / PHONE
SONORA	CA	95370	

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Tuolumne	

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Donald Nester

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE / PHONE
Sonora	CA	95370	

NAME OF ASSISTANT TREASURER, IF ANY

NA

STREET ADDRESS

NA

CITY	STATE	ZIP CODE	AREA CODE / PHONE
MA	NA	95370	

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

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE / PHONE
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3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information is true and correct. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11/7/2024

DATE

By _____

Executed on _____

DATE

By _____

Executed on _____

DATE

By _____

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)

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COMMITTEE NAME

TUOLUMNE COUNTY DEMOCRATIC CLUB OF SONORA

I.D. NUMBER

1312400

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

NAME OF FINANCIAL INSTITUTION

UMPQUA BANK

AREA CODE / PHONE

(209) 588-2661

BANK ACCOUNT NUMBER

991426419

ADDRESS

13775 MONO WAY, SUITE C

CITY

SONORA

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 ☐
		☐	☐

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COMMITTEE NAME

TUOLUMNE COUNTY DEMOCRATIC CLUB OF SONORA

I.D. NUMBER

1312400

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

410 AMENDED

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Toulumne County Democratic Central Committee

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

CITY
SonoraSTATE ZIP CODE
CA 95370**Small Contributor Committee**☒ 1/1/2015

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)

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