STATEMENT OF ORGANIZATION

Statement of Organization Recipient Committee

55

Type or print in ink.

Statement Type

☐ Initial — Not yet qualified ☐ or

Date qualified as committee

☐ Amendment — List I.D. number: # _____

Date qualified as committee (if applicable)

■ Termination - See Part 5 — List I.D. number: # 1312400

10/31/2024

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**

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1. Committee Information

NAME OF COMMITTEE
TUOLUMNE COUNTY DEMOCRATIC CLUB OF SONORA

STREET ADDRESS (NO P.O.BOX)
[redacted]

CITY	STATE	ZIP CODE	AREA CODE / PHONE
SONORA	CA	95370	[redacted]

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS
[redacted]

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Tuolumne	

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Donald Nester

STREET ADDRESS
[redacted]

CITY	STATE	ZIP CODE	AREA CODE / PHONE
Sonora	CA	95370	[redacted]

NAME OF ASSISTANT TREASURER, IF ANY
NA

STREET ADDRESS
NA

CITY	STATE	ZIP CODE	AREA CODE / PHONE
MA	NA	95370	[redacted]

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

MAILING ADDRESS

CITY STATE ZIP CODE 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 10/31/2024 (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)

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**

COMMITTEE NAME	I.D. NUMBER
TUOLUMNE COUNTY DEMOCRATIC CLUB OF SONORA	1312400

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

NAME OF FINANCIAL INSTITUTION	AREA CODE / PHONE	BANK ACCOUNT NUMBER
UMPQUA BANK	(209) 588-2661	991426419

ADDRESS	CITY	STATE	ZIP CODE
13775 MONO WAY, SUITE C	SONORA	CA	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	CHECK ONE OPPOSE
		☐	☐
		☐	☐

STATEMENT OF ORGANIZATION

Statement of Organization
Recipient Committee

CALIFORNIA FORM **410**

INSTRUCTIONS ON REVERSE

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
[redacted]

CITY
Sonora

STATE
CA

ZIP CODE
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.