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FEC MAIL CENTER

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

TULUMNE COUNTY REPUBLICAN CENTRAL COMMITTEE

ADDRESS (number and street)

PO BOX 1623

(Check if address
is changed)

JAMESTOWN

CA

95327-1623

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

chairman@tcrepublicans.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

www.tcrepublicans.com/cc.html

2. DATE

10th 27th 2010

3. FEC IDENTIFICATION NUMBER

C00325464

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JOAN CHRISTINE KERN

Signature of Treasurer

Joan C Kern

Date

10th 27th 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 02/2009)

10030482167

Candidate Committee:

-

District

- _____

(d) ☒ This committee is a SUB (National, State or subordinate) committee of the REP (Democratic, Republican, etc.) Party.

Cooperative

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

Write or Type Committee Name

TULUMNE COUNTY REPUBLICAN CENTRAL COMMITTEE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

PATRICIA RYAN

Mailing Address

PO BOX 1623

JAMESTOWN

CA

95327-1623

Title or Position

CITY

STATE

ZIP CODE

SECRETARY

Telephone number

209-532-5352

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

JOAN CHRISTINE KERN

Mailing Address

PO BOX 1623

JAMESTOWN

CA

95327-1623

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

209-532-0251

Full Name of
Designated
Agent

NONE

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

WEST AMERICA BANK

Mailing Address

1311-A SANGUINETTI RD

SONORA

CA

95370-6210

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10030482170

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Signature]
PREPARER

11/1/10
DATE PREPARED