2010 NOV - 1 AM 11: 55

FEC FORM

10036482167

## STATEMENT OF ORGANIZATION

FEC MAIL CENTER

PONIVI I				Office Use Only								
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	i e								
TUOLUMNE C	OUNITY REPU	BILICAM CEA	TRA4	COMMITTIEE								
ADDRESS (number and street)	PO BOX 16	23										
(Check if address is changed)	TAMESTOWN	<u> </u>		953271-1/623								
		CITY	STATE	ZIP CODE								
COMMITTEE'S E-MAIL ADDRI	ESS (Please provide only one e	-mail address)										
(Check if address	Chairmana	atarep ublica	ansie Co	Pen								
is changed)	<u> </u>											
COMMITTEE'S WEB PAGE ADDRESS (URL)												
(Check if address is changed)	eck if address William torrepublicans Camerint											
2. DATE / 0 / 1	7 2010	·										
3. FEC IDENTIFICATION N	NUMBER C	0325464										
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)										
I certify that I have examined	this Statement and to the bes	t of my knowledge and belief it	is true, correc	t and complete.								
Type or Print Name of Treasur	er JOAN CHA	PISTINE KERN	U									
Signature of Treasurer	Joan C. Kel	m.	Date /	b'27'2010								
NOTE: Submission of talse, error	•	may subject the person signing t		o the penalties of 2 U.S.C. §437g.								
Office Use Only		For further Information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)								

C00325464 Page 2

	COMMITTEE e Committee:
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name of Candidate	
Candidate Party Affiliat	Office State tion Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	
(d) X	This committee is a $SUB$ (National, State or subordinate) committee of the $REP$ (Democratic, Republican, etc.) Party.
Political /	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
	Corporation Corporation w/o Capital Stock Labor Organization
	Membership Organization Trade Association Cooperative
	in addition, this committee is a Lobbyist/Registrant PAC.
<b>(f)</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
	In addition, this consmittee is a Lebbyiet/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fun	draising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Con	nmittees Participating in Joint Fundraiser
1.	FEC ID number C
2.	FEC ID number C
3.	FEC ID number C
4.	FEC ID number C

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ı	FEC Form 1 (Revised 02/2009)		C003	25464	Page 3
_	Write or Type Committee Name				
7	TUDLUMNE COUNTY REPUBL	ICAN CE	NTRAL	COMM 17	TEE
6.	Name of Any Connected Organization, Affiliated Co	ommittee, Joint F	undraising Repres	sentative, or Lead	lership PAC Sponsor
Z	VONELLILI				1
L	1   1   1   1   1   1   1   1   1   1				
	Mailing Address	. Г			
			1 1 1 1 1		
	•			' <u>.</u> . 1 ,	;-l , , , ,
	<u> </u>		STATE	ZIP CODE	
	Relationship: Connected Organization Affiliated	d Committee	Joint Fundraising R	epresentative	Leadership PAC Sponsor
7.	Custodian of Records: Identify by name, address (ph books and records.	one number op	tional) and position	of the person in	possession of committee
	Full Name PATRICIA, RYA	+ N	1 1 1 1 1		1.1.1.1.1.1.1.1.
	Malling Address Pa Bax /	623	<u> </u>	1 1 1 1 1	<u> </u>
				<u> </u>	<u> </u>
	JAMESTOW	N		CA 125	<i>327</i> 1-1623
	Title or Position	CITY	s	TATE	ZIP CODE
	5 ECRETARY		Telephone numbe	er <u>209</u> -	5321-5352
8.	Treasurer: List the name and address (phone number any designated agent (e.g., assistant treasurer).	optional) of the	treasurer of the c	ommittee; and the	name and address of
	Full Name of Treasurer JUAIN CHRISTILL  Mailing Address P.D. BIOX 1/1	NE KER	LM I I I		
	Mailing Address Pil Box 1/1	62311	1 1 1 1 1 1	<del>                                     </del>	<del>                                      </del>

95327-V.623 ZIP CODE

12091-15321-1025/

CA STATE

Telephone number

AMESTOWN

Title or Position

CITY

Full Name of Designated Agent	WONE										
Mailing Address											
	СПУ	STATE ZIP CODE									
Title or Position		Telephone number									
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.											
	WESTAMERICA BANK										
Mailing Address	11011 1 50110111										

Page 4

Name of Bank, Depository, etc.

FEC Form 1 (Revised 02/2009)

	CITY														STA	TE		ZIP CODE																			
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CITY

CA

STATE

ZIP CODE

10036482176

(3/2005)

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked 10/27/10 **USPS** Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):