FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED FEC MAIL CENTER Office Use Only
1. NAME OF COMMITTEE (in full	(Check if name Example: If typing, type over the lines.	12FÉ4M5
ADDRESS (number and si	treet) 19985 ДАМВАСНЕЯ DR1	
Check if addr		
is changed)		СА 95370 , - 8893 ,
		STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL	ADDRESS	
(Check if addr is changed)		
	Optional Second E-Mail Address	
COMMITTEE'S WEB PAr (Check if addr is changed)		
2. DATE 02		
3. FEC IDENTIFICAT		
4. IS THIS STATEMEN	IT NEW (N) OR AMENDED (A)	
I certify that I have exan	nined this Statement and to the best of my knowledge and belief i	it is true, correct and complete.
Type or Print Name of T	reasurer KENNETH L. FOWKES	
Signature of Treasurer	Semmett 1 Fourier	Date 02^{\prime} 21^{\prime} 2018^{\prime}
NOTE: Submission of false	e, erroneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED	
Office Use Only	For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

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5.	TYPE OF COMMITTEE						
	Candidate 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						
	Candic Party	date Affiliatio	on Confice State State State District District				
	(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name Candio						
	Party	/ Com	mittee:				
	(d)		This committee is a SUB (National, State or subordinate) committee of the DEM (Democratic, Republican, etc.) Party.				
	Politi	ical A	ction Committee (PAC):				
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:				
	(-)	line i	Corporation Corporation Corporation w/o Capital Stock Labor Organization				
			Membership Organization Trade Association Cooperative				
			In addition, this committee is a Lobbyist/Registrant PAC.				
	(f)		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 committee is a Lobbyist/Registrant PAC.				
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
	Joint	Fund	raising 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.				
		Com	mittees Participating in Joint Fundraiser				
		1.					
		2.					
		3.					
		4.					

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FEC Form 1 (Revised 02/2009)

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Write or Type Committee Name

TUOLUMNE COUNTY DEMOCRATIC CENTRAL COMMITTEE

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

CALIFORNIA DEMO	CRATIC PARTY COMMITTE	E		
Mailing Address	1830 9TH \$TREET			
	SACRAMENTO		CA 958	
	CITY		STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee	Joint Fundraising	Representative	Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number -	- optional) and positi	on of the person i	n possession of committee
Full Name			<u>_i Ji _ I _ I</u>	
Mailing Address				
Title or Position	CITY		STATE	ZIP CODE
		Telephone num	ber	- [] - [
 Treasurer: List the name any designated agent (e.g., 	nd address (phone number optional) o assistant treasurer).	f the treasurer of the	committee; and th	ne name and address of

Full Name of Treasurer	
Mailing Address	
	SONDRA CA CA
	CITY STATE ZIP CODE
Title or Position	
TREASURER	Telephone number 209 - 533 - 0615

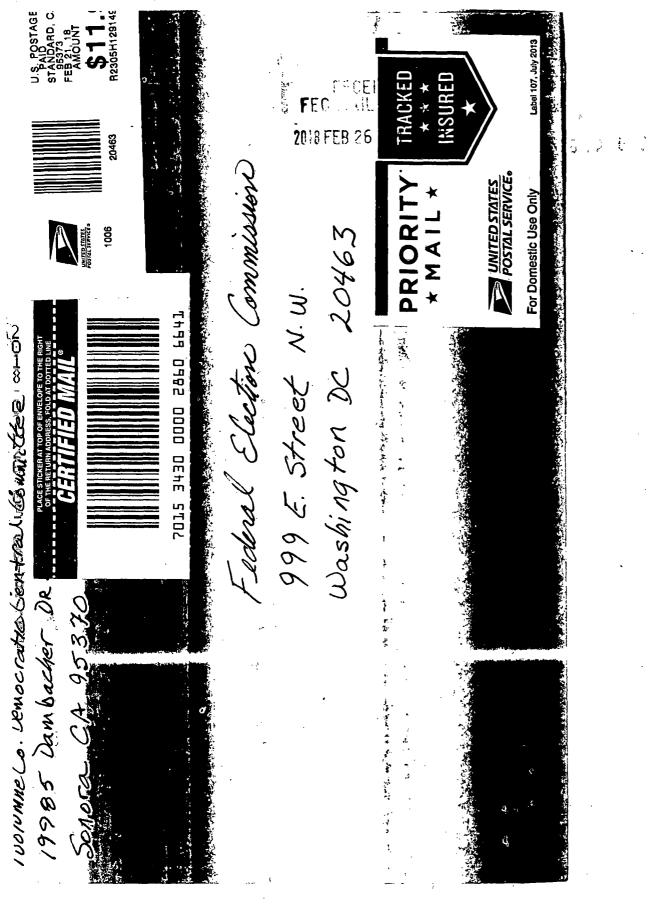
FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent NONE		!_!		
Mailing Address				
	Telephor	ne number		
Banks or Other Depositorles: 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.				
MPGSE				
Mailing Address	3600 ₁ CQFFEERP.			
	MODESTO		95355	
	CITY	STATE	ZIP CODE	
Name of Bank, Depository,	etc.			
		L <u>. I. I. I. I. I. I.</u>		
Mailing Address		<u> </u>		
	CITY	STATE		

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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 Date of Receipt Postmarked USPS First Class Mail Postmarked (R/C) **USPS** Registered/Certified 2018 Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** 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): 2018 RER DATE PREPARED (3/2015)

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