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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
2011 OCT 17 AM 9: 04
EEG.MAIL CENTER

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5				
TUDLUMNE CO	DUNITY REPU	BLUCIAN CEN	TRALL COMMUTTEE				
							
ADDRESS (number and street)	POBOXI 16	23					
(Check if address	21/1/1 S. WASK	41 WIGHTON SIT	SOWIORA CAL(TEMP)				
is changed)	JAMESTOWN		CA 195,327-LI				
	c	CITY	STATE ZIP CODE				
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e-r	mail address)					
(Check if address	likern Quil	dibiliue in net					
is changed)			ليستبسبس				
COMMITTEE'S WEB PAGE ADI	•						
	1.	ODINICIONI					
(Check if address is changed)		•					
	Caldifiamheg	op. cen					
2. DATE / 0 0	\$'						
3. FEC IDENTIFICATION NUMBER C00325464							
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)					
I certify that I have examined th	is Statement and to the best	of my knowledge and belief it	is true, correct and complete.				
Type or Print Name of Treasure	JOAN C.	KERN					
	$\alpha \nu$		M M / D D / Y Y Y				
Signature of Treasurer	in C Nem		Date 1.0 0.8 2011				
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 Only		For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100					

TYPE OF C	OMMITTEE						
Candidate	Commttte:						
(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 Affiliation	on	Office Sought:	House	Senate	President	State District	
(c)	This committee supports/o	opposes only one	e candidate, and is	NOT an authorized	committee.		
Name of Candidate		1111					
Party Con	ımittee:						
(d) X	This committee is a	SUB "	National, State r subordinate) com	mittee of the	REP	(Democratic, Republican, etc.) Party.	
Political A	ction Committee (PAC	C):					
(e)	This committee is a sepa	rate segregated	fund. (Identify conn	ected organization or	n line 6.) Its co	nnected organization is a:	
	Corporation		Corporation	on w/o Capital Stock	:	Labor Organization	
	Membership Orga	anization	Trade Ase	eciation		Cooperative	
	in addition	, this committee i	s a Lobbyist/Regist	rant PAC.			
(f)	This committee supports/committee. (i.e., nonconne		an one Federal ca	andidate, and is NOT	a separate s	segregated fund or party	
	In addition, this co	anmittee is a Lobb	pylst/Registrant PA	c .			
	In addition, this co	mmittee is a Leac	lership PAC. (Ident	ify aponsor en line 6.)		
Joint Fund	raising Representativ	/e:					
(g)	This committee collects co committees/organizations,						
(h)	This committee collects co- committees/organizations,					two or more political	
Com	mittees Participating in .	Joint Fundraise	r				
1.		1111		FEC ID numi	per C		
2.				FEC ID numl	per C		
3 .				FEC ID numi	ber C		
4.	<u> </u>	 		FEC ID numb	per C		
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Vrite or Type Committee N	lame		0 0		
THOLLIMNE C	POUNTY REA	MALICAN (ENTRAL COMM	MIE	
Name of Any Connecte	ed Organization, Affil	lated Committee, Joir	nt Fundraising Representative	e, or Leadership PAC	Sponsor
				1 4 4 4 1 1 1 4	
				<u> </u>	
Mailing Address					
					لبيا
		CITY	STATE	ZIP COL	DE
Relationship: Conne	ected Organization	Affiliated Committee	Joint Fundraising Represen	tative Leadership	PAC Sponsor
Custodian of Records: books and records.	Identify by name, add	ress (phone number	optional) and position of the	person in possession	of committee
books and records.	- 0				
Full Name	AN CRE	en			لبب
Mailing Address	16524	S CREEKIS	DEDRILL		
			<u> </u>	<u> </u>	
	SONORA	<u>h</u>	LA CA	96370 -	
Title or Position		CITY	STATE	ZIP COL	DE
TIRIEASURIE	<u>Kulli</u>		Telephone number 2	109-15321-	0251
Treasurer: List the name any designated agent (e.			the treasurer of the committee	e; and the name and	address of
Full Name of Treasurer	AN CKER	24	1 		
Mailing Address	16524	S CREEK	SIDE DR		لىسى
					لبب
	SIGNORA	<u> </u>	LA CA	195370-	لبيا
Title or Position		CITY	STATE	ZIP COD	
TREASURE	iR+ 1 1 1 1 1 1		Telephone number	09-6321-	026/

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	Full Name of Designated Agent		
	Mailing Address		
		CITY STATE Z	P CODE
řυ	Title or Position		
3 5 5		Telephone number	
1103067	Banks or Other safety deposit bo Name of Bank, I		accounts, rents
·		WESTAMERICA	
	Mailing Address	V31/1 A SAWGUINETTILIRDIII	
		SONORA 1953	20-
	_	CITY STATE Z	IP CODE
	Name of Bank, I	Depository, etc.	
		MIDITHER LOIDE BAWK	11111
	Mailing Address	wanta a M . Who	
		SIGNARA 1953	7d-L
		CITY STATE Z	IP CODE

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 18/11/11 Postmarked (R/C) **USPS** Registered/Certified **Postmarked 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):