## 2021-07-MO-0M-00M8M887

**FEC** FORM 1

Office

Use

Only

## STATEMENT OF **ORGANIZATION**

FEC MAIL CENTER

			2021 Affice Sep Only		
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	9	
THE TUSTIVE	DEMOCRATIO	CICLUBII			
ADDRESS (number and street)	13661 CAR	PROLL WA	<u> </u>		
(Check if address is changed)					
	CITY A		STATE A ZIP CODE		
COMMITTEE'S E-MAIL ADDRE	ESS				
(Check if address is changed)	hotherigh	undyoyaho	)OciCOM		
en e	Optional Second E-Mail Add	ress	en er en	., , }	
COMMITTEE'S WEB PAGE AD	DDRESS (URL)				
(Check if address is changed)		ust unde mac	naticalub.on	e. I	
is changed)		<u> </u>		لسد	
	1.0				
2. DATE 07 /	5 2021	School Control	- w ·		
3. FEC IDENTIFICATION NUMBER ► C \$\phi\$ 6 5 5 9 8 5					
4. IS THIS STATEMENT	NEW (N) OR	A AMENDED (A)	•		
I certify that I have examined	this Statement and to the best	of my knowledge and belief i	is true, correct and complete.		
Type or Print Name of Treasurer JENNIFER RUTH GOLDEN					
Signature of Treasurer	Allen	And the second	Date 07 15 2	02/	
NOTE: Submission of false error	eous or incomplete information	may subject the person signing	this Statement to the penalties of 52 LIS	S.C. 83010	

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

**FEC FORM 1** (Revised 06/2012)

5.

FEC Fo	orm 1 (Revised 02/2009)	Page Z				
	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	lame of					
Candidate Party Affiliat	Office Sought: House Senate President	State				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Cor		(December				
(d) X	This committee is a Sub or subordinate) committee of the DEM	(Democratic, Republican, etc.) Party.				
Political A	Action Committee (PAC):					
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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.					
(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 Fun	draising Representative:					
(g) .	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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.					
Cor	Committees Participating in Joint Fundraiser					
1.	FEC ID number C					
2.	FEC ID number C					
3.						
Δ						

_	FEC Form 1 (Revised	1 02/2009)	Page 3			
٧	Vrite or Type Committee Nat	me				
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor			
ı						
<u> </u>	<del></del>		<del>                                     </del>			
	Mailing Address		<u> </u>			
		CITY CTATE	ZIP CODE			
		CITY STATE	ZIP CODE			
	Relationship:	ted Organization . Affiliated Committee Joint Fundraising Representative Le	adership PAC Sponsor			
	- <del></del>		<del></del>			
7.	Custodian of Records: lo books and records.	lentify by name, address (phone number optional) and position of the person in po	ssession of committee			
	Full Name JEA	MIFER RUTH GOLDEN	<del>                                     </del>			
	Mailing Address	1366/ CARROLL WAY				
		TUSTIN (A) 1927	80-			
	Title or Position	CITY STATE	ZIP CODE			
	TREATUR	Telephone number	-			
8.	Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the na , assistant treasurer).	me and address of			
	Full Name of Treasurer	WIFER RUTH GOLDEN	<u> </u>			
	Mailing Address	13661 CARROLL WAY				
		TUSTIN CA 192	<del>780</del> -L			
	Title or Position	CITY STATE	ZIP CODE			
	TREASURER	Telephone number 805-6	12-0594			

TUSTEN, CA 92780 YAW NOSAYS 1895, J. 60106V

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SANTA ANA CA 926

FEDERAL ELECTION COMMISSION 1050 FIRST STREET N. Co

MASHINGTON, OC 26463

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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.					
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No Postmark					
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Nex	t Business Day Delivery				
Date of Receipt  Received from House Records & Registration Office					
Received from Senate Public Records Office	Date of Receipt				
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Other (Specify):	Date of Receipt or Postmarked				
RDZ	7/30/21				
PREPARER (3/2015)	DATE PREPARED				
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