Date: 04/04/2023

To: The person reading this Report From: Donald Nester TCDCC Treasurer

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2023 APR 11 PM 3: 24

The reports that I am filing are the Organization Report (Form 1) and the first quarter report (Form 3x). I was elected Treasurer on 03/20/2023 replacing the Treasurer that was Elected on 10/17/2022.

The replaced Treasurer did not file any FEC reports including the Organization report and resigned in early March at which time it was clear that no FEC reports had been filed. This is not an excuse for delinquent reports that I have had to file. The Tuolumne County Democratic Central Committee is responsible for the selection of the replaced Treasurer and making sure that person can handle the responsibility.

The TCDCC committee currently has ten members and is currently searching for an accounting firm to handle the report filing functions.

I also was the TCDCC Treasurer from April 2020 to 10/17/2022. I will do my best in handling the Treasurer's responsibilities as I did before.

Donald Nester TCDCC Treasurer

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FEC FORM 1

STATEMENT OF ORGANIZATION

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			2023 At Nomine Userwhy CT
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
THOLYMME COUNTYIDE	MOGRATIC CENTRAL _I C	OMMITTIEE	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ADDRESS (number and street)	16040 AVENIDA DEL	\$OL E	
☐ ◀ (Check if address is changed)		 	
	SONORA LILI		CA 95370 ;
COMMITTEE'S E-MAIL ADDRES	SS		
	DANAMBUTLQW@GN	MAIL.GOM (CHAIR)	
	Optional Second E-Mail AdDONNESTER2@GMA	ddress NL.ÇOM (TREASURER)	
00111177751011150 0105 105	20502 (UDL)		
COMMITTEE'S WEB PAGE ADD		ATO COMOCNITO AL COM	AUTTEE I
is changed)	ТФОСОМИЕРЕМОСК	ATS.GOM/CENTIRAL-COM	MIII I E
2. DATE 03 20	2023		
3. FEC IDENTIFICATION NU	JMBER ► C 00	671313	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined th	is Statement and to the bes	t of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasurer	DONALD P. NESTE	ER	
Signature of Treasurer	Donald P. 1	leto -	Date 04 01 2023
NOTE: Submission of false, errone		n may subject the person signing the ATION SHOULD BE REPORTED N	his Statement to the penalties of 52 U.S.C. §30109 WITHIN 10 DAYS.
Office Use Only		For further information of Federal Election Commission Toll Free 800-424-9530	

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate inf	formation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign information below.)	committee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorize	ed committee.
Name of Candidate	
Party Committee:	
(d) This committee is a SUB (National, State or subordinate) committee of the	(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.	
(f) This committee supports/opposes more than one Federal candidate, and is NC committee. (i.e., nonconnected committee)	OT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on	ı line 6.)
(g) This committee is an independent expenditure-only political committee (Super	PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribu	ition accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, at least one of which is an authorized committee of	·
(j) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, none of which is an authorized committee of a feder	
Committees Participating in Joint Fundraiser	
1.	
2.	C

1	FEC Form 1 (Revised	03/2022)			. =	Page 3
٧	Vrite or Type Committee Name	•				
— 6.	Name of Any Connected C	Organization, Affiliated Commi	ttee, Joint Fu	ndraising Repre	esentative, o	r Leadership PAC Sponsor
	CALIFORNIA DEMOCE	RATIC COMMITTEE				
	Mailing Address	1830 9TH STREET	<u> </u>			11111111
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		SAGRAMENTO			CA	95811 -
		CiTY	A		STATE A	ZIP CODE ▲
	Relationship: Connected	d Organization 🌠 Affiliated Orga	anization	Joint Fundraising	Representati	ve Leadership PAC Spons
7.	Custodian of Records: Identification books and records.	ntify by name, address (phone nu	mber optiona	al) and position o	f the person i	n possession of committee
	Full Name TREAS	URER				
	Mailing Address		1 1 1 1 1		1111	
				11111	1111	
	Title on Decision	CITY	^		STATE ▲	ZIP CODE ▲
	Title or Position ▼					1.1. 1.1
				Telephone num	ber	
8.	Treasurer: List the name are any designated agent (e.g.,	nd address (phone number op assistant treasurer).	ptional) of the	treasurer of the	committee; a	and the name and address of
	Full Name of Treasurer DONAL	D _I P. _I NĘSŢER				111111
	Mailing Address	16040 AVENIDA DEL SO	OL E.	1111		
					_1.1.1.1	
		SONORA			CA	95370 - 8656
	Title or Position ▼	CITY	A		STATE ▲	ZIP CODE ▲
			i		Loop	llero llorar
	TREASURER			Telephone num	ber 209	0 - 559 - 6471 .

FEC Form 1	(Revised 03/2022)			Page 4
Full Name of Designated Agent	NONE, , , , , ,			
Mailing Address	Liti	1 1 1 1 1 1 1 1 1		
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	1			
		CITY ▲	STATE 4	ZIP CODE ▲
Title or Position		CITY	SIAIE	ZIF CODE A
			Telephone number	
Banks or Other safety deposit bo	Depositories: List all banks es or maintains funds.	s or other depositories in wh	ich the committee deposi	is funds, holds accounts, rents
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FEC	Form	15	(Revised	03/2022)

Optional Supplemental Information for Lines 5(i) or (j), 6, 8 and/or 9

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i) or (j)	. Joint Fundraising	Participant:						
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	2.	1 1 1 1 1 1		 _	C ID number	CL.		
	3. L			 _	C ID number	CL.		
	4.			, FE	C ID number	C .		-
_					 			
N	ame of Any Connected	Organization, Af	ffiliated Committee, Joi	int Fundraising	Representativ	e, or Lead	ership PAC S	ponsor
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		1111.		11111				
	Mailing Address	I P.O. BOX 3	491 0					
	. Walling Address					<u> </u>	 	<u> </u>
		P _i O _i BOX 3	49 10	<u> </u>		<u> </u>		
	Relationship:	SONORA	CITY ▲	1 1 1 1 1	CA STATE ▲	9537	ZIP CODE	
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Federal Election Commission 1050 First Street, NE Washington, DC 20463



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