April 21, 2022

OFFICE OF GENERAL COUNSEL

2072 APR 27 AM 7: 14

Office of General Counsel Federal Election Commission 1050 First St, NE Washington, DC 20463

MUR # 7986 Amendment

To whom it may concern:

This complaint requests that the Federal Election Commission audit all instances in which a Limited Liability Company (LLC) contributed to Nathan Magsig, candidate for Congress to the California's 5th Congressional District as to whether those LLC entities file their IRS taxes as corporations or partnerships to determine whether he can accept those contributions to his federal campaign committee, Magsig for Congress, FEC ID C00797639.

11 CFR § 110.1(g) Contributions by limited liability companies ("LLC")—

- 1. *Definition.* A limited liability company is a business entity that is recognized as a limited liability company under the laws of the State in which it is established.
- 2. A contribution by an LLC that elects to be treated as a partnership by the Internal Revenue Service pursuant to 26 CFR 301.7701-3, or does not elect treatment as either a partnership or a corporation pursuant to that section, shall be considered a contribution from a partnership pursuant to 11 CFR 110.1(e).
- 3. An LLC that elects to be treated as a corporation by the Internal Revenue Service, pursuant to 26 CFR 301.7701-3, or an LLC with publicly-traded shares, shall be considered a corporation pursuant to 11 CFR Part 114.
- 4. A contribution by an LLC with a single natural person member that does not elect to be treated as a corporation by the Internal Revenue Service pursuant to 26 CFR 301.7701-3 shall be attributed only to that single member.
- 5. An LLC that makes a contribution pursuant to paragraph (g)(2) or (g)(4) of this section shall, at the time it makes the contribution, provide information to the recipient committee as to how the contribution is to be attributed, and affirm to the recipient committee that it is eligible to make the contribution.

Based on business filings with the California Secretary State the following 6 registered LLCs gave contributions to the Magsig for Congress committee:

 Beal Developments LLC – 200727810047 - <u>https://bizfileonline.sos.ca.gov/api/report/GetImageByNum/0302400061731642191900</u> <u>74194024060184009165129212</u>

- Palm Place Investments, LLC 201017510004 <u>https://bizfileonline.sos.ca.gov/api/report/GetImageByNum/2471342492180811631192</u> <u>35231078095071049229221176</u>
- River Ranch Citrus, LLC 201324210192 <u>https://bizfileonline.sos.ca.gov/api/report/GetImageByNum/0710650401421870811050</u> <u>54216081014230209179009089</u>
- Westech Systems, LLC 202013610338 <u>https://bizfileonline.sos.ca.gov/api/report/GetImageByNum/1720042412350391310311</u> <u>65253227253045247074250212</u>
- 5. Copper River Ranch Villages, LLC 200430110069 <u>https://bizfileonline.sos.ca.gov/api/report/GetImageByNum/1160610490971750390551</u> <u>66001109109120157139017005</u>
- TriValley Development Group, LLC 201504210070 - <u>https://bizfileonline.sos.ca.gov/api/report/GetImageByNum/2380291812161342102202</u> <u>45175231134171204192127215</u>

The burden is on the committee to verify that it is permissible that those LLCs can contribute to a federal candidate campaign committee. In a prior complaint to the FEC, I have demonstrated that the committee has knowingly accepted prohibited contributions from corporate entities, which raises serious questions about the committee's ability to fully vet every contribution to ensure they are legally permissible.

I request that the FEC fully investigate and audit the Magsig for Congress committee's contributions to ensure they are fully complying with the federal campaign finance laws and regulations. I am affirming that to the best of my knowledge under penalty of perjury that this information I have stated is accurate.

Sincerely, harlow udek

Charles Dudek

Oakhurst, CA 93644

Attachments: 6 LLC business filings with California Secretary of State

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of Madera

Subscribed and swo	orn to (or affirmed	l) before me
on this <u>21</u> day	of Apr. 1 Month	, 20 <u>},</u> Year
by Date (1) Charles		
(and (2)	lame(s) of Signer(s,),

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Signature of Notary Public

Seal Place Notary Seal Above

SHLEY DIANE KRUSER

Сомм. # 2262658

MADERA COUNTY COMM. EXP. OCT. 14, 2022

OPTIONAL -

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document:

__ Document Date: ___

Number of Pages: _____ Signer(s) Other Than Named Above: __

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Secretary of State	L	LC-12		18-B9	0738		
Statement of Information (Limited Liability Company)	<u></u>			FIL	ED		
IMPORTANT — Read instructions before completing t	his form.		Ir	the office of the S of the State			State
Filing Fee – \$20.00							
Copy Fees – First page \$1.00; each attachment page \$0 Certification Fee - \$5.00 plus copy fees	0.50;		-	MAY 30			
1. Limited Liability Company Name (Enter the exact name of the	LLC. If you r	egistered in Califor	all and a second se	his Space For Office Iternate name, see instruct		Jniy	
BEAL DEVELOPMENTS LLC		-	-				
2. 12-Digit Secretary of State File Number 200727810047	3. State, CALIF		y or Place o	f Organization (only if	formed out	tside of	California
4. Business Addresses							
a. Street Address of Principal Office - Do not list a P.O. Box 1175 SHAW AVENUE #104 PMB 372		City (no abbreviat	lions)		State CA	Zip Co 936	
b. Mailing Address of LLC, if different than item 4a 1175 SHAW AVENUE #104 PMB 372		City (no abbreviat	lions)		State CA	Zip Co 9361	ode
c. Street Address of California Office, if Item 4a is not in California - Do not lis 1175 SHAW AVENUE #104 PMB 372	t a P.O. Box	City (no abbreviat	tions)		State CA	Zip Co 936	
 Manager(s) or Member(s) Manager(s) or Member(s) If no managers have been apportion must be listed. If the manager/member an entity, complete Items 5b and has additional managers/member 	ember is an ir 5c (leave Iter	idividual, complete n 5a blank). Note:	Items 5a and The LLC can	5c (leave Item 5b blank) not serve as its own man	. If the ma ager or me	anager/n	iember i
a. First Name, if an individual - Do not complete Item 5b GEORGE		Middle Name J.		Last Name BEAL			Suffix
b. Entity Name - Do not complete Item 5a							
c. Address 1175 SHAW AVENUE #104 PMB 372		City (no abbreviat	lions)		State CA	Zip Co 9361	
1175 SHAW AVENUE #104 PMB 372 6. Service of Process (Must provide either Individual OR Corporation)		CLÓVIS					
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Attachment to Statement of Information (Limited Liability Company)	LLC-12A Attachment	18-B90738
A. Limited Liability Company Name		
BEAL DEVELOPMENTS LLC		
		This Space For Office Use Only
B. 12-Digit Secretary of State File Number	C. State or Place of	Organization (only if formed outside of California)
200727810047	CALIFORNIA	

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

First Name STERLENE	J.	Last Name BEAL		Suffix
Entity Name		,t,t,t,t,t		
Address 1175 SHAW AVENUE #104 PMB 372	City (no abbreviations) CLOVIS		State CA	Zip Code 93612
First Name	Middle Name	Last Name		Suffix
Entity Name	÷	1		
Address	City (no abbreviations)		State	Zip Code
First Name	Middle Name	Last Name		Suffix
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Address	City (no abbreviations)		State	Zip Code
First Name	Middle Name	Last Name		Suffix
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First Name	Middle Name	Last Name		Suffix
Entity Name				
Address	City (no abbreviations)		State	Zip Code
First Name	Middle Name	Last Name		Suffix
Entity Name		h		
Address	City (no abbreviations)		State	Zip Code

			20-409524
Secretary of S Statement of No Change (Limited Liabili	Information – l GT	LLC-12NC 65	FILED
MPORTANT — This form can be fil Read instructions before completin only if a complete Statement of Info there has been no change.	ng this form. This form	n may be used	Secretary of State State of California JUN 0 8 2020
Filing Fee – \$20.00 Copy Fee – \$1.00 per copy; Certification Fee - \$5.00) plus copy fee		26/20/CC Above Space For Office Use Only
2 0 1 0 1 7 5 :	Entity (File) Number	-	Country or Place of Organization utside of California)
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Type or Print Name of Person Completing the Form

Signature

Secretary of State Statement of No Change (Limited Liability Company)	LLC-12NC	21-E44483 FILED	
IMPORTANT — Read instructions before completing this form. This form may be used only if a complete Statement of Information has been filed previously and there has been no change.		In the office of the Secretary of State of the State of California AUG 27, 2021	
Filing Fee – \$20.00 Copy Fee – \$1.00; Certification Fee - \$5.00 plus copy fee		This Space For Office Use Only	
 Limited Liability Company Name (Enter the exact name of the LLC as it is recorded with the California Secretary of State. Note: If you registered in California using an alternate name, see instructions.) RIVER RANCH CITRUS, LLC, A CALIFORNIA LIMITED LIABILITY COMPANY 			

2. 12-Digit Secretary of State File Number	3.	State, Foreign Country or Place of Organization (only if formed outside of California)
201324210192		CALIFORNIA

4. No Change Statement (Do not alter the No Change Statement. If there has been any change, please complete a Statement of Information (Form LLC-12).)

There has been no change in any of the information contained in the previous complete Statement of Information filed with the California Secretary of State.

5. The information contained herein is true and correct.

LLC-12NC (REV 01/2017)

08/27/2021	Enrique Morales	Senior Accountant	
Dale	Type or Print Name of Person Completing the Form	Title	Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document, enter the name of a person or company and the mailing address. This information will become public when filed. (SEE INSTRUCTIONS BEFORE COMPLETING.)

Name:	Г	٦
Company:		
Address:		
City/State/Zip:	L	Ţ

Secretary of State	LLC-12] <u> </u>	0516	2
Statement of Information (Limited Liability Company)	103	1	LED ary of Sta	te
	200		f Californ	
MPORTANT — This form can be filed online at <u>bizfile.sos</u>	.ca.gov.	APR	1 2 2021	
Read instructions before completing this form.			12	
Filing Fee – \$20.00		N (1	-	
Copy Fees – First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 plus copy fees		Above Space Fo	•	a Only
1. Limited Liability Company Name (Enter the exact name of the LLC.	If you registered in Califo	ornia using an alternate name, <u>see ins</u>	structions.)	
WESTECH SYSTEMS, LLC				
2. 12-Digit Secretary of State Entity (File) Number 3. 5 2 0 2 0 1 3 6 1 0 3 3 8	State, Foreign Count	try or Place of Organization (oni	y if formed out	side of Californ
4. Business Addresses				
a. Street Address of Principal Office - Do not list a P.O. Box	City (no abbrevia	ations)	State	Zip Code
327 Jefferson Avenue	Clovis		CA	93612
o. Mailing Address of LLC, if different than Item 4a	City (no abbrevi	ations)	State	Zip Code
c. Sireet Address of California Office, if item 4a is not in California - Do not list a P.O,	Box City (no abbrevia	ations)	State CA	Zip Code
 Manager(s) or Member(s) Manager(s) or Member(s) If no managers have been appointed o must be listed. If the manager/member an entity, complete items 5b and 5c (le LLC has additional managers/members, 	is an Individual, complet eave (tem 5a blank). No	te items 5a and 5c (leave item 5b bla ote: The LLC cannot serve as its ov	nk) If the ma	nager/member
a. First Name, if an Individual - Do not complete Item 5b	Middle Name	Last Name		Suf
b. Entity Name - Do not complete Item 5a		Domingos		
. Address	City (no abbrevia	ations)	State	Zip Code
327 Jefferson Avenue	Clovis		CA	93612
S. Service of Process (Must provide either Individual OR Corporation.)				
INDIVIDUAL - Complete Items 6a and 6b only. Must include agent's full n a California Agent's First Name (if agent is not a corporation)	Ame and California stree	Last Name	2-6	Suf
Randolf		Krbechek		Eso
o. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrevia	ations)	State	Zip Code
477 N. Fort Washington Road, Suite 104	Fresno		CA	93730
CORPORATION - Complete Item 6c only. Only include the name of the re . California Registered Corporate Agent's Name (if agent is a corporation) - Do not co		tion	19-33-0 ²¹⁻¹ 1	
8				
7. Type of Business				
Describe the type of business or services of the Limited Llability Company Electrical Contracting				
3. Chief Executive Officer, if elected or appointed				
	Middle Name	Last Name Domingos		Sufi
•		Douwingoa		
a. First Name Ielder 2. Address 27 Jefferson Avenue	City (no abbrevia Clovis		Støte CA	Zlp Code 93612
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elder Address 27 Jefferson Avenue	City (no abbrevia Clovis ein is true and correct	ations)	CA	93612 sign.

2020 Callfornia Secretary of State bizfile.sos.ca.gov

LLC-12 (REV 11/2020)

Secretary of State Statement of No Change (Limited Liability Company)	LLC-12NC	20-E13102 FILED
IMPORTANT — Read instructions before completing this fo be used only if a complete Statement of Information has be and there has been no change.		In the office of the Secretary of State of the State of California OCT 13, 2020
Filing Fee – \$20.00		001 10, 2020
Copy Fee – \$1.00; Certification Fee - \$5.00 plus copy fee		This Space For Office Use Only

1. Limited Liability Company Name (Enter the exact name of the LLC as it is recorded with the California Secretary of State. Note: If you registered in California using an alternate name, see instructions.)

COPPER RIVER RANCH VILLAGES, LLC

2. 12-Digit Secretary of State File Number	3. State, Foreign Country or Place of Organization (only if formed outside of California)
200430110069	CALIFORNIA

4. No Change Statement (Do not alter the No Change Statement. If there has been any change, please complete a Statement of Information (Form LLC-12).)

There has been no change in any of the information contained in the previous complete Statement of Information filed with the California Secretary of State.

5. The information contained herein is true and correct.

10/13/2020	Gary L. McDonald	President		
Date	Type or Print Name of Person Completing the Form	Title	Signature	

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document, enter the name of a person or company and the mailing address. This information will become public when filed. (SEE INSTRUCTIONS BEFORE COMPLETING.)

Name:	Г	1	
Company:			
Address:			
City/State/Zip:	L	L	
LLC-12NC (REV 0	1/2017)		2017

201504210070 CALIFORNIA 4. Business Addresses	Secretary of State	L	LC-12	21-F64772				
IMPORTANT — Read instructions before completing this form. of the State of California Filing Fee - \$20.00 COT 28, 2021 Copy Fees — First page 51.00; each attachment page \$0.50; Certification Fee - \$5.00 plus corps fees This Space For Office Use Only 1. Limited Liability Company Name (Educ the acat name of the LLC. Vyou registered to California using an internate name, see nationals. This Space For Office Use Only 2. 1201g(1) Secretary of State File Number 20:1504210070 State, Foreign Country or Place of Organization (self the mediated of 20:0504210070 4. Business Addressee City tro atherwindon) CAA 70:056 5. State, Foreign Country or Place of Organization (self the mediated of 20:0504210070 CALIFORNIA 70:056 4. Business Addressee City tro atherwindon) CAA 70:056 5. Maile patient framework (S18 City tro atherwindon) CAA 70:056 6. Manager(s) or Member(s) If the as to the California -Da not late P.O. Bay City tro atherwindon) CAA 70:056 6. Service of Process (Must provide other the set on manager have been appointed or elected, provide the arms and addresse on Form Malager or manager or manager is the arms and addresse on Form Malager or manager is the arms and addresse on Form Malager or manager or manager is the arms and addresse on Form Malager or manager is the arms and addresse on Form Malager or manager is the arms and addresse is the	Rus-ta -1				FILED			
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