FEC

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2012 NOV 13 PH 12: 29

| FORM 1 | ORGANIZATION | | | | FEC MALL CENTER | | |
|--------------------------|--------------------|-----------------------|---------------------|---|-----------------|---|--|
| 1. NAME OF COMMITTEE (in | n full) | (Check if is change | | Example:If typing, type over the lines. | 12FE4M | | |
| NEW MEX | (ICO | DEMOCRA | TICE | XECUTIVE BC |)ARD | | |
| | <u></u> | <u> </u> | | | | | |
| ADDRESS (number a | nd street) | P. O. BO | X _, 6131 | 62 | | | |
| (Check if a is changed) | | NORTH I | MIAMI | | FL | 33261 | |
| | | | СП | Y | STATE | ZIP CODE | |
| COMMITTEE'S E-MA | address | • | • | il address) ExecutiveBoard | ds@ho | tmail.com | |
| COMMITTEE'S WEE | B PAGE AD | DRESS (URL) | | | | | |
| (Check if is change | | | | | | | |
| 2. DATE 11 | l [™] ′ 9 | °′ 2012 ` | | | | | |
| 3. FEC IDENTIFIC | CATION N | IUMBER | С | | | | |
| 4. IS THIS STATE | MENT 2 | NEW (N) | OR | AMENDED (A) | | | |
| I certify that I have | examined | this Statement and to | the best of | my knowledge and belief it | is true, corre | ct and complete. | |
| Type or Print Name | of Treasur | DAVID I | EINSTI | EIN | - | | |
| Signature of Treasur | er | DE James | ten - | | Date 1 | 1°′09°′20`12` | |
| NOTE: Submission of | false, error | | | rsubject the person signing t SHOULD BE REPORTED W | | to the penalties of 2 U.S.C. §437g. S. | |
| Office Use | | | | For further Information of Federal Election Commission Toll Free 800-424-9530 | | FEC FORM 1 (Revised 02/2009) | |

| EEC E | orm 1 (Revised 02/2009) | Page 2 | | | | | |
|--|---|--|--|--|--|--|--|
| | COMMITTEE | 1 490 2 | | | | | |
| Candidat | e Committee: | | | | | | |
| (a) | This committee is a principal campaign committee. (Complete the candidate information below.) | | | | | | |
| (b) | (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) | | | | | | |
| Name of Candidate | | | | | | | |
| Candidate Party Affilia | Office Sought: House Senate President | State District | | | | | |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | District | | | | | |
| Name of Candidate | | | | | | | |
| Party Co | | (Demogratic | | | | | |
| (d) | (National, State This committee is a or subordinate) committee of the | (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 | onnected organization is a: | | | | | |
| | Corporation Corporation w/o Capital Stock | Labor Organization | | | | | |
| | Membership Organization Trade Association | Cooperativo | | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | |
| (f) 🔀 | | | | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | | | | |
| Joint Fundralsing 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 committees/organizations, none of which is an authorized committee of a federal candidate. | two or more political | | | | | |
| Committees Participating in Joint Fundraiser | | | | | | | |
| 1. | FEC ID number C | | | | | | |
| 2. | FEC ID number C | | | | | | |
| 3. | FEC ID number C | | | | | | |
| A | | | | | | | |

| FEC Form 1 (Revised | 02/2009) | Page 3 | | | | |
|--|---|-----------------------------|--|--|--|--|
| Write or Type Committee Nan | | r ago o | | | | |
| NEW MEXICO DEMOCRATIC EXECUTIVE BOARD 6. Name of Any Connected Organization, Affiliated Committee; Joint Fundralsing Representative, or Leadership PAC Sponsor | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Mailing Address | | | | | | |
| | | | | | | |
| | | <u> </u> | | | | |
| | CITY STATE | ZIP CODE | | | | |
| Relationship: Connect | ed Organization Affiliated Committee Joint Fundraising Representati | ve Leadership PAC Sponsor | | | | |
| Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. | | | | | | |
| Full Name | D EINSTEIN | | | | | |
| Mailing Address | _I P. O. BOX 613162 | | | | | |
| waing Address | | | | | | |
| | NORTH MIAMI | 33261 | | | | |
| Tille or Decision | CTV STATE | ZIP CODE | | | | |
| Title or Position | CITY STATE | ZIP CODE | | | | |
| EXECUTIVE DI | RECTOR Telephone number 786 | 5, - 763 - 7862 | | | | |
| 8. Treasurer: List the name a any designated agent (e.g., | nd address (phone number optional) of the treasurer of the committee; assistant treasurer). | and the name and address of | | | | |
| Full Name of Treasurer | ID EINSTEIN | | | | | |
| Mailing Address | P. O. BOX 613162 | | | | | |
| | | | | | | |
| | NORTH MIAMI FL STATE | 33261 ZIP CODE | | | | |
| Title or Position | Telephone number 786 | | | | | |

| FEC Form | 1 (Revised 02/2009) | | Page 4 |
|-------------------------------------|--|-----------------|------------------------------|
| | | No 1712 172 120 | |
| Full Name of Designated Agent | | | |
| Mailing Address | | | |
| | | | |
| | СПУ | STATE | ZIP CODE |
| Title or Position | | | |
| | Telephone nui | mber | |
| | | | |
| | Depositories: List all banks or other depositories in which the commit ixes or maintains funds. | tee deposits | funds, holds accounts, rents |
| Name of Bank, D | | | |
| | BANK OF AMERICA | | 1 |
| | | <u> </u> | |
| Mailing Address | 13450 WEST DIXIE HIGHWAY | | |
| | | | |
| | NORTH MIAMI | FL | 33161 |
| | СПҮ | STATE | ZIP CODE |
| Name of Bank, D | epository, etc. | | |
| | | | , |
| | | <u> </u> | |
| Mailing Address | | | |
| | \ | | |
| | | ليا | |
| | спу | STATE | ZIP 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** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** 10/2012 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): 11/30/2012

DATE PREPARED

(3/2005)

PREPARER