FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

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FORM 1		OHAMIZAHON				Office OS ON AIL CENTI	
NAME OF COMMITTEE (in	ı full)	(Check if name is changed)	Example over the	e:If typing, type lines.	12FE4M5	•	
NEW YOR	K DEI	MOCRATIC E	XECU1	IVE BOA	RD.	<u> </u>	
ADDRESS (number a	and street)	P. O. BOX 6	13162				
(Check if address is changed)		NORTH MIA	MI		FL	33261	
			CITY		STATE	ZIP CODE	
COMMITTEE'S E-MA	address	S (Please provide only one USDemocra			ds@hot	mail.com	
COMMITTEE'S WEB PAGE ADDRESS (URL)							
(Check if is change							
2. DATE Î1 1 9 ° ' Ž0 1 Ž °							
3. FEC IDENTIFICATION NUMBER C							
4. IS THIS STATEMENT 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, correct and complete. Type or Print Name of Treasurer DAVID EINSTEIN							
Signature of Treasur	er	D'Eusten-			Date 11	" ′ Ö9° ′ Ž0 '1Ž '	
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			Fed	further Information coloral Election Commission Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	

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		m 1 (Revised 02/2009)	Page 2					
TYPE OF COMMITTEE Candidate 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 (Candid		<u> </u>						
Candid Party A		on Sought: House Senate President	State District					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name (Candid								
Party	Com	Imittee:	(Domosmis					
(d)		(National, State This committee is a 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 con-	nnected organization is a:					
		Corporation Corporation w/o Capital Stock	Labor Organization					
		Membership Organization Trede 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., noncommected committee)						
		In addition, this committee is a Lobbyist/Registrant PAC.						
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Joint Fundraising Representative:								
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political					
Committees Participating in Joint Fundraiser								
	1.	FEC ID number C						
	2.							
	3.	i						
	J.							
	4.							

Page 3 FEC Form 1 (Revised 02/2009) Write or Type Committee Name NEW YORK DEMOCRATIC EXECUTIVE BOARD Name of Any Connected Organization, Affiliated Comfittee, Joint Fundraising Representative, or Leadership PAC Sponsor 10NE Mailing Address STATE ZIP CODE CITY **Affiliated Committee** Joint Fundraising Representative eadership PAC Sponsor Relationship: Connected Organization Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records. Full Name Mailing Address NORTH MIAMI Title or Position CITY STATE **ZIP CODE** Telephone number Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name DAVID EINSTEIN of Treasurer Mailing Address NORTH MIAMI STATE ZIP CODE CITY Title or Position ITREASURER Telephone number

CITY

CITY

STATE

STATE

ZIP CODE

ZIP CODE

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Name of Bank, Depository, etc.

Mailing Address

Federal Election Commiss ENVELOPE REPLACEMENT PAGE FOR INC	COMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked 11 10 2012
Delivery Confirmation [™] or Signatur	e Confirmation' Label []
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next	Business Day Delivery
Received from House Records & Registration Offi	Date of Receipt ice
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ate of Receipt or Postmarked
PY	11/30/2012
PREPARER	DATE PREPARED
(3/2005)	