FEC FORM

## STATEMENT OF ORGANIZATION

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FORM 1		ORGANI	ZAIK	)N		2012 001 20	WILLIA O
						officEGs BAIAIL	CENTER
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4M5	•	
MISSISSIF	PPIDE	MOCRATIC	LEA	DERSHIP F	EDERA	L COMMI	TTEE
				<u> </u>	<u> </u>	<del></del>	
ADDRESS (number a	nd street)	P. O. BOX	16194			<del></del>	لىب
(Check if ac is changed)		PLANTATIO	DN .		FL	33318	
			CITY		STATE	ZIP COD	E
COMMITTEE'S E-MA	address	(Please provide only of Democratic		dress) ershipComm	ittees@	gmail.com	
COMMITTEE'S WEB	PAGE ADDR	ESS (URL)					
(Check if is change					<del>                                     </del>		
2. DATE 10	)" ′ 17°	′ <b>2012</b>				,	
3. FEC IDENTIFIC	CATION NUM	BER C					
4. IS THIS STATE	MENT 🗵	NEW (N) OF	· [	AMENDED (A)			
I certify that I have o	examined this	Statement and to the	best of my	knowledge and belief i	t is true, correc	t and complete.	
Type or Print Name	of Treasurer	ALEXAND	ER CL	INTON			
Signature of Treasure	er £	Revaudor	Clin	ton	Date 10	"	2012 *
NOTE: Submission of	-	•	-	oject the pleason signing OULD BE REPORTED W		•	J.S.C. §437g.
Office Use Only				For turther information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FOR (Revised 02/2	•

_	FEC	Form 1 (Revised 02/2009)	Page 2					
		COMMITTEE						
	Candid	ate 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. (Con information below.)	nplete the candidate					
	Name of Candidate							
	Candidate		State					
	Party Affi	iation Sought: House Senate President	District					
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate							
	Party C	ommittee:	·					
	(d)	(National, State  This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.					
	Politica	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.						
	(n)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party					
		In addition, this committee is a Lebbyist/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 t 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.						
	Committees Participating in Joint Fundraiser							
	1.	C I I I I I I I I I I I I I I I I I I I						
	2.	FEC 1D number C						
	3.	FEC ID number C						
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race.	-

Write or Type Committee Nam			EDAL C	<b>~ . . . . . . . .</b>
	EMOCRATIC LEADE	<del> </del>	<del></del>	<del></del>
6. Name or Any Connected	Organization, Affiliated Committee, John	: Punaraising Represen	rative, or Leaber	ship PAC Sponsor—
NONE				
Mailing Address				
			ىيا لى	لـــا-لــــا
	CITY	ST	ATE	ZIP CODE
Relationship: Connecte	nd Organization Affiliated Committee	Joint Fundraising Rep	resentativeL	eadership PAC Sponsor
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	entify by name, address (phone number	optional) and position of	f the person in po	ossession of committee
Full Name	CANDER CLINTON		1_1_1_1_1_1	
Mailing Address	P. O. BOX 16194	1111.		
			<u> </u>	<u></u>
	PLANTATION	Lill F	333	18
Title or Position	CITY	STA	TE	ZIP CODE
CHIEF FINANCI	AL OFFICER	Telephone number	<u> 954</u>   - [2	279 7552
8. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of t assistant treasurer).	he treasurer of the com	ımittee; and the n	ame and address of
Full Name of Treasurer	CANDER CLINTON			<u> </u>
Mailing Address	P. O. BOX 16194			
			<u> </u>	
	PLANTATION	F STA	L 333	18 ZIP CODE
Title or Position		Telephone number		279 <sub>, ]</sub> _[7552 <sub>, ]</sub>

CITY

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ZIP CODE

ZIP CODE

ZIP CODE

STATE

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent

Mailing Address

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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. Date of Receipt Hand Delivered **Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked USPS Priority Mail 10/22/12 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):

(3/2005)