FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instruction	_	Office use only	
1. NAME OF COMMITTEE (in		(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	_
DEMOCRATS	RESHAPING AME	RICA (DREAMP	AC)		
		1 1 1 1 1 1			Ш
ADDRESS (number and	street) 1212	S. Victory Blvd.			لــــــــــــــــــــــــــــــــــــــ
X (Check if address is changed)	ess BURE	BANK		CA 91502 -	Ш Ш
	# ADDDE00		CITY▲	STATE▲ ZIP CODE ▲	
COMMITTEE'S E-MAI	indassociates.coi	n			1
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COMMITTEE'S WEB	DACE ADDRESS (III	<u> </u>			Щ
COMMITTEE'S WEB	PAGE ADDRESS (UI	nL)			1
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8182600657	IUMBER	ل			
2. DATE 0 2	0 7 Y	2007			
3. FEC IDENTIFICA	TION NUMBER	(C C00423079		
4. IS THIS STATEM	IENT X NEW	(N) OR	AMENDED (A)		
I certify that I have exami	ned this Statement and	to the best of my knov	vledge and belief it is true, correct	and complete	_
	_	inde Durkee			
Type or Print Name of	Treasurer	ilide Darkee			
Signature of Treasurer	Electronically Filed	by Kinde Durl	(ee	Date 0 2 D D D D D Z D D D D D D D D D D D D D) 7
NOTE: Submission of fal			subject the person signing this S	tatement to the penalties of 2 U.S.C. S437g. D WITHIN 10 DAYS	
Office Use Only			For further informatio Federal Election Comm Toll Free 800-424-953	hission FEC FORM 1	_

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5.	TYPE OF COMMITTEE (Check One)	
	(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 complete t	candidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	(d) This committee is a (National, State (or subordinate) committee of the Reference (e) This committee is a separate segregated fund (f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee.	emocratic, epublican,etc.) Party. und or party
6.	Name of Any Connected Organization or Affiliated Committee	
L		
	Mailing Address	
	CITY A STATE A	ZIP CODE
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organizat	ion
	Membership Organization Trade Association Cooperative	

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Write or Type Committee Name			
	PING AMERICA (DREAMPAC)		
 Custodian of Records: Ico possession of Committee 	dentify by name, address, (phone number e books and records.	optional), and position of the	ne person in
Full Name Kinde	Durkee		
Mailing Address	1212 S. Victory Blvd.		
	Burbank	CA	91502 _
Title or Position ♥	CITY A	STATE▲	ZIP CODE ▲
Treasure	r	818 Telephone number	260 0669
name and address of any Full Name	e and address (phone number optional) y designated agent (e.g., assistant treasur • Durkee		ntee, and the
Mailing Address	1212 S. Victory Blvd.		
	Burbank		91502 _
Title or Position ♥	CITY 🛦	STATE▲	ZIP CODE
Treasure	<u>r</u>	Telephone number 818	
Full Name of Designated Agent			
Mailing Address			

Telephone number

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9.	Banks or Other I						bar	nks	or o	othe	er d	epo	sito	ries	s in	wh	iich	the	e cc	mn	nitte	e d	ерс	sits	s fu	nds	, ho	olds	ac	cou	nts	, re	nts			
	Name of Bank, D	eposit	ory,	etc.																																
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	Mailing Address				Ι.				1		1		1				1					1								1		1		ı		
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