				PAGE 1 / 4					
FEC FORM 1	STATEMEN ORGANIZA								
				Office Use Only					
I. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5						
Democratic Hea	dquarters of the	e West San Gab	oriel Valle	V					
	I			· · · · · · · · · · · · · · · · · · ·					
	11826 The Wye St.								
DDRESS (number and street)									
(Check if address									
is changed)	El Monte			91732					
	(CITY	STATE	ZIP CODE					
OMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e-	mail address)							
	jholtzhln@aol.com								
(Check if address is changed)									
OMMITTEE'S WEB PAGE AD	DRESS (URL)								
(Check if address									
is changed)									
. DATE 01 / 2	8 2012								
. FEC IDENTIFICATION N	UMBER C CC	00406488							
_									
. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)							
certify that I have examined to	his Statement and to the best	of my knowledge and belief	it is true, correct a	and complete.					
	Joan Holtz								
ype or Print Name of Treasure									
ignature of Treasurer	loltz	[Electronically Filed]	Date 01	/ D D / Y Y Y Y 28 2012					
IOTE: Submission of false, erron	eous, or incomplete information			the penalties of 2 U.S.C. §437g.					
	ANY CHANGE IN INFORMATIC	ON SHOULD BE REPORTED V	WITHIN TO DATS.						

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F	EC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE 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.)	
Name Candi			
Candi Party	idate Affiliati	on Office Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Party	y Con	nmittee:	(Democratic
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	ical A	ction 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 Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Func	Iraising 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.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Democratic Headquarters of the West San Gabriel Valley

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

	one																																						
	Mailing Addr	ress				L																																	
						L																																	
						L																									ļ					- [
	CITY							STATE ZIP CODE																															
	Relationship: Connected Organization Affiliated Committee							е	Joint Fundraising Representative Leadership PAC Sponsor										nsor																				
<i>.</i>	Custodian o	of Reco	ord	s:	der	ntify	by	/ na	me	e, a	ddi	res	s (p	hoi	ne	nur	nbe	er -	- 0	ptic	onal	l) a	nd	po	sitic	n	of tl	he	per	sor	ı in	pc	SSG	ess	sior	n of	CO	nm	ittee

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Joan Holtz	:
Full Name	
Mailing Address	11826 The Wye St.
	El Monte CA 91732 - - -
Title or Position	CITY STATE ZIP CODE
Custodian of Records	Telephone number 562 983 0815

8. **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 of Treasurer	Joan Holtz
Mailing Address	11826 The Wye St.
	$[\ \ , \ \ , \ \ , \ \ , \ \ , \ \ $
	EI Monte CA 91732 - - -
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 562 983 0815

Full Name of Designated Agent	Gary Crummitt					
Mailing Address	110 Pine Ave., #1010					
	Long Beach				90802	
		CITY		STATE		ZIP CODE
Title or Position	rer 		Telepho	one number	562	983 0815

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells F	Fargo Bank		
Mailing Address	3536 Peck Rd.		
	El Monte	CA 91731	
	CITY	STATE ZIP CODE	
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE ZIP CODE	