FEC FORM 1

STATEMENT OF ORGANIZATION

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FEC MAIL CENTER

FORM 1		ORGANIZATION			CMAIL CENTER	
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)		emple:If typing, type or the lines.	12FE4M5	Office Use Only
WASHING	TONI	DEMOCRAT	C LEA	ADERSHIP F	EDERA	L COMMITTEE
ADDRESS (number a	ind street)	P. O. BOX	16194			
(Check if a is changed)		PLANTATIO)N		FL	33318
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	address	SS (Please provide only only only only only only only only		ershipCommi	ittees@	gmail.com
COMMITTEE'S WEE	B PAGE ADI	DRESS (URL)				
(Check if is change			· 			
2. DATE 10)" ′ 17	" ´ ž0 12				
3. FEC IDENTIFIC	CATION N	JMBER C				
4. IS THIS STATE	MENT X	NEW (N) OI	a [AMENDED (A)		
I certify that I have	examined th	nis Statement and to the	best of my	knowledge and belief it	is true, correct	and complete.
Type or Print Name	of Treasure	ALEXAND	ER C	INTON		
Signature of Treasur	er	Alexander	Clin	tm	Date 10	' ′ 17° ′ 2012 ′
NOTE: Submission of false, erroneous, or incomplete information may subject the pletson signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use			·	For further information oc Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

FFC Form 4 (Parisad 00/0000)	Dog - O				
FEC Form 1 (Revised 02/2009)	Page 2				
TYPE OF COMMITTEE Candidate Committee:					
(a) This committee is a principal campaign committee. (Complete the candidate information below	v.)				
This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate					
Candidate Office	State				
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District				
Name of Candidate	<u> </u>				
Party Committee: (National, State	(Domogratic				
(d) 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 control of the control of t	onnected organization is a:				
Corporation Corporation w/o Capital Stock	Labor Organization				
Membership Organization Trade Assectation	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 committee. (i.e., nonconnected committee)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
In addition, this committee is a Lobbyist/Registrant PAC.					
In addition, this committee is a Leadership PAC. (Identify aponsor on line 6.)					
Joint Fundraising 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
Committees Participating in Joint Fundraiser					
1.					
2.					
3. FEC ID number C					
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SEC Form 1 /Parison /	00/2000)	Page 2
FEC Form 1 (Revised (Page 3
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WASHINGTON	DEMOCRATIC LEADERSHIP FEDERAL (JOMINIT LEE
6. Name of Any Connected C	Ofganization, Affiliated Committee, Joint rungraising Representative, or Leade	ershîp PAC Spohsor
NONE		
Mailing Address		
	111111111111111111111111111111111111111	
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number optional) and position of the person in	possession of committee
Full Name ALEX	ANDER CLINTON	1
	_I P. O. BOX 16194	
Mailing Address		h—————————————————————————————————————
	PLANTATION	219
	FLANTATION FL SSC	<u>?'</u> ?
Title or Position	CITY STATE	ZIP CODE
CHIEF FINANCI	AL OFFICER Telephone number 954 -	279 ₋ 7552
8. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name ALEX of Treasurer	ANDER CLINTON	
Mailing Address	P. O. BOX 16194	
	PLANTATION FL 333	
Title or Positioo	CITY STATE Telephone number 954 -	ZIP CODE
<u> </u>		

FEC Form	1 (Revised 02/2009)		Page 4
Full Name of Designated Agent	<u> </u>		
Mailing Address			
	СПУ	STATE	ZIP CODE
Title or Position			
	Telepho	ne number	ــــا-لـــا
safety deposit bo	xes or maintains funds. Depository, etc. BANK OF AMERICA		
Mailing Address	8181 WEST BROWARD BLVD		
		<u> </u>	
	(PLANTATION	<u>F</u> 6	33324
	CITY	STATE	ZIP CODE
Name of Bank, I	Depository, etc.		
		<u> </u>	
Mailing Address			
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	CITY	STATE	ZIP CODE

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/¢)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Sign	ature Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
N	lext Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
PREPARER	/d/25//2 DATE PREPARED
(3/2005)	S, (I E I I (EI / (I (E)