FEC FORM 1

## STATEMENT OF ORGANIZATION

| FORM 1  | (See instruction   | _  |         |                              |
|---|--|--|---------|------------------------------|
|   | (Oee manucion  | 5)   | Of      | ffice use only               |
| NAME OF COMMITTEE (in f   | (Check if name is changed)   | Example: If typying, type over the lines   | 12FE4M5 |                              |
| DEMOCRATS   | OF HEMET - SAN JACINTO   |  |         |                              |
|   |  |  |         |                              |
| ADDRESS (number and s   | treet) 1212 S VICTORY BLV  | 'D   |         |                              |
| (Check if addre   | ess  |  |         |                              |
| is changed)   | BURBANK  |  | LCA L   | 91502                        |
| COMMITTEE'S E-MAI   |  | CITY   | STATE▲  | ZIP CODE 📥                   |
|   | ndassociates.com   |  |         |                              |
| pete@durkeea  |  |  |         |                              |
| <u> </u>  |  |  |         |                              |
| COMMITTEE'S WEB   | PAGE ADDRESS (URL)   |  |         |                              |
|   |  |  |         |                              |
|   |  |  |         |                              |
| COMMITTEE'S FAX N<br>8182600657   | UMBER  |  |         |                              |
| 2. DATE 0 7   | / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |  |         |                              |
| 3. FEC IDENTIFICATION NUMBER C C00452623  |  |  |         |                              |
|   |  |  |         |                              |
| 4. IS THIS STATEM   | ENT X 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 Kinde Durkee  |  |  |         |                              |
| Signature of Treasurer  | Electronically Filed by Kinde Durk                                   | (ee  | Date 07 | <b>31</b> / <b>2008</b>      |
| NOTE: Submission of fal   | se, erroneous, or incomplete information may  ANY CHANGE IN INFORMAT | subject the person signing this State  | ·       | of 2 U.S.C. S437g.           |
| Office<br>Use<br>Only   |  | For further information c<br>Federal Election Commissi<br>Toll Free 800-424-9530 |         | FEC FORM 1 (Revised 12/2007) |
| FE3AN042.PDF  |  | Local 202-694-1100   |         | ,                            |

| FEC                         | Form 1 (Revised 12/2007)   | Page 2                                  |  |  |  |  |
|-----------------------------|--|---|--|--|--|--|
| 5. TYPE OF C                | OMMITTEE (Check One) 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 tinformation below.)   | he candidate                            |  |  |  |  |
| Name of<br>Candidate        |  |   |  |  |  |  |
| Candidate<br>Party Affiliat | ion Office Sought: House Senate President  | State District                          |  |  |  |  |
| (c)                         | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |   |  |  |  |  |
| Name of<br>Candidate        |  |   |  |  |  |  |
| Party Comr                  |  |   |  |  |  |  |
| (d)                         | (National, State  This committee is a (or subordinate) committee of the  | (Democratic,<br>Republican,etc.) Party. |  |  |  |  |
| Political Ac                | Political Action Committee (PAC):  |   |  |  |  |  |
| (e)                         | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected   | d organization is a:                    |  |  |  |  |
|                             | Corporation Corporation w/o Capital Stock La   | bor Organization                        |  |  |  |  |
|                             | Membership Organization Trade Association Co   | ooperative                              |  |  |  |  |
| (f) X                       | 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 Leadership PAC. (Identify sponsor on line 6.)   |   |  |  |  |  |
| Joint Fundr                 | aising Representative:   |   |  |  |  |  |
| (g)                         | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | or more political                       |  |  |  |  |
| (h)                         | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.         | or more political                       |  |  |  |  |
| Con                         | Committees Participating in Joint Fundraiser   |   |  |  |  |  |
|                             | 1. FEC ID number C   |   |  |  |  |  |
|                             | 2. FEC ID number   |   |  |  |  |  |
|                             | 3. FEC ID number   |   |  |  |  |  |
|                             | 4. FEC ID number   |   |  |  |  |  |
|                             | 5   FEC ID number C  |   |  |  |  |  |

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|----|-----------------------------|--|-------------------------------|----------------|---------------------------|-------|
| W  | rite or Type Committee Name |  |                               |                |                           |       |
|    | DEMOCRATS OF HEME           | T - SAN JACINTO                            |                               |                |                           |       |
|    |                             |  |                               |                |                           |       |
| 6. | Name of Any Connected Org   | ganization, Affiliated Committee, L        | eadership PAC Sponsor or Jo   | int Fundrais   | sing Representative       |       |
|    | None                        |  |                               |                |                           |       |
|    | None                        |  |                               |                |                           |       |
|    |                             |  | <u> </u>                      |                |                           | l     |
|    | Mailing Address             | None                                       |                               | 1 1 1 1        |                           | 1     |
|    | Mailing Address             | None                                       |                               |                |                           |       |
|    |                             |  |                               |                |                           |       |
|    |                             | None None                                  |                               | ⊥l L           | 00000   - [               | ш     |
|    |                             | CITY▲                                      | ST                            | ATE 🛕          | ZIP CODE                  |       |
|    | Relationship:               | JII 14                                     | 017                           |                | 211 0052 💆                |       |
|    |                             | Affiliated Committee                       | Leadership PAC Sponsor        | loin           | nt Fundraising Represent  | avite |
|    | X Connected Organization    | Anniated Committee                         | Leadership i Ao oponsoi       | U U U          | it i undraiding represent | alivo |
| 7. | Custodian of Records: Ide   | entify by name, address, (phone            | e number optional), and po    | osition of the | he person in              |       |
|    |                             | possession of Committee books and records. |                               |                |                           |       |
|    | Full Name Kinde I           | Ourkee                                     |                               |                |                           |       |
|    |                             | 1212 S. Victory E                          | Blvd                          |                |                           |       |
|    | Mailing Address             |  |                               |                |                           |       |
|    |                             |  |                               |                |                           |       |
|    |                             | Burbank                                    |                               | CA _           | 91502                     |       |
|    | Title or Position ▼         | CITY A                                     | ST                            | ATE.           | ZIP CODE A                |       |
|    | Treasurer                   | J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.  | Telephone number              | 818            | - 260 - 06                | 69    |
|    | -                           |  | r diopriorio marrisor         |                |                           |       |
| 8. | Treasurer: List the name    | and address (phone number                  | ontional) of the treasurer of | the comm       | ittee: and the            |       |
| ο. |                             | designated agent (e.g., assista            |                               | the commi      | mee, and me               |       |
|    | Full Name                   |  |                               |                |                           |       |
|    | of Treasurer Kinde          | Durkee                                     |                               |                |                           |       |
|    | Mailing Adalyses            | 1212 S. Victory I                          | Blvd                          |                |                           |       |
|    | Mailing Address             |  |                               |                |                           |       |
|    |                             | Dunkank                                    |                               |                | 04500                     |       |
|    |                             | Burbank                                    |                               | <u>CA</u>      | 91502 –                   |       |
|    | Title or Position ♥         | CITY A                                     | ST                            | ATE A          | ZIP CODE A                |       |
|    | <b>~</b>                    |  |                               | 040            | 000                       |       |
|    | Treasurer                   |  | Telephone number              | 818            | 260 06                    | 669   |

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|----|---|------------------------|--------------------------------|--------------------|
|    | Full Name of<br>Designated<br>Agent                                     |                        |                                |                    |
|    | Mailing Address   |                        |                                |                    |
|    |   |                        |                                |                    |
|    | Title or Position ▼   | CITY A                 | STATE 🛦                        | ZIP CODE A         |
|    |   | Tel                    | ephone number                  |                    |
| 9. | Banks or Other Depo<br>safety deposit boxes or<br>Name of Bank, Deposit | maintains funds.       | committee deposits funds, hole | ds accounts, rents |
|    | Mailing Address   | 1880 Century Park East |                                |                    |
|    |   |                        |                                |                    |
|    |   | Los Angeles            | ÇA                             | 90067              |
|    |   | CITY 🗻                 | STATE <b>⊿</b>                 | ZIP CODE 🛕         |
|    | Name of Bank, Deposit   | tory, etc.             |                                |                    |
|    |   |                        |                                |                    |
|    | Mailing Address   |                        |                                |                    |
|    |   |                        |                                |                    |
|    |   |                        |                                |                    |
|    |   | CITY 🔼                 | STATE <b>△</b>                 | ZIP CODE 🛕         |
|    |   |                        |                                |                    |