FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED 7
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EEC MAIL CENTER

			Offibe Vs	ie Only
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Palos Verdes Peninsula De	emocratic Club			
ADDRESS (number and street)	110 Pine Ave., #1010			
(Check if address			<del></del>	
is changed)	Long Beach	لتبييين	CA 90802	
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e	e-mail address)		
(Check if address	gary@crummittandasso		11111	
اَسَا is changed)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
COMMITTEE'S WEB PAGE ADD	ORESS (URL)			
	1,,,,,,,,			1
(Check if address is changed)		<del> </del>		
		<del></del>		
2. DATE 09 07	11 14 1 11			
3. FEC IDENTIFICATION NU	JMBER C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	nis Statement and to the bes	t of my knowledge and belief it	is true, correct and com	plete.
	1 1 1	Λ		
Type or Print Name of Treasurer	r <u>Sary Crummitt</u>	<i></i>		
Signature of Treasurer	TOUT	<del></del>	Date 09 ' 0	
NOTE: Submission of false, errone	•	may subject the person signing to		ities of 2 U.S.C. §437g.
Office Use		For further information co Federal Election Commissio Toll Free 800-424-9530	n FEI	C FORM 1 vised 02/2009)

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TYPE OF C	COMMITTEE				
Candidate	te 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 the candidate information below.)				
Name of Candidate		<u> </u>			
Candidate Party Affiliat	stion Sought: House Senate President	State			
(c)	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party Cor					
(d)		ocratic, blican, etc.) Party.			
Political A	Action Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:			
	Corporation W/o Capital Stock	oor Organization			
	Membership Organization Trade Association Co	operative			
	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 segreg committee. (i.e., nonconnected committee)	ated fund or party			
	In addition, this committee is a Lubbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fun	ndraising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political			
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political			
Cor	mmittees Participating in Joint Fundraiser				
1.	FEC ID number				
2.	FEC 1D number				
3.	FEC ID number				
4.	FEC ID number				
	ludina in the contract of the				

Write or Type Committee Name Palos Verdes Feninsula Dem	rganization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
. Name of Any Connected O		Leadership PAC Sponsor
	rganization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
Ndne		
		1111111
	<u> </u>	
Mailing Address		111111
	CITY STATE	ZIP CODE
Custodian of Records: Iden books and records.	tify by name, address (phone number – optional) and position of the perso	on in possession of committee
Shuja Qb	eroi	
Full Name	27906 Indian Rock Dr.	
Walling Address		
	Rancho Palos Verdes	90275
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	
. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; an assistant treasurer).	d the name and address of
Full Name Gary Cru of Treasurer		
Mailing Address	110 Pine Ave., #1010	
	Lange Bank	
	CITY STATE	90802
	CITY STATE	ZIP CODE

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Full Name of Designated Agent	None			
Mailing Address				
		CITY	STATE	ZIP CODE
Title or Position	1 1 1 1	<u>                                      </u>	one number	<b></b>
Banks or Other safety deposit b Name of Bank,	oxes or main		committee deposits for	unds, holds accounts, rents
	Wells Fa	rgo Bank		
Mailing Address		27440 Hawthorne Blvd.		
		Rolling Hills Estates	CA CA	90274
		CITY	STATE	ZIP CODE
	Denository e	ate		<del></del>
Name of Bank,	Depository, e	71 <b>0.</b>		
Name of Bank,	LILL.			
Name of Bank,	ــــــــــــــــــــــــــــــــــــــ			
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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** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark Shippjng<sub>1</sub>Date Overnight Delivery Service (Specify): Fell Ex 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): DATE PREPARED