FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	_	(See instructio		•								
		(See Instructio	115)					Offi	ce use only	/		
1. NAME OF COMMITTEE (ii	n full)	(Check if name is changed)		nple: If typyir the lines	ng, type	12F	E4M5	5				
RIVERSIDE	OUNTY PEMOCR	ATIC CENTRAL	СОММІ	TTEE								لب
									ш			لــــا
ADDRESS (number and	d street)	S. Victory Blvd	<u> </u>		111							لــــا
X (Check if add	dress		ш	ш		ш		11	ш			ш
is changed)	Burb	ank 	ш	ш	ш	L CA	7	Ш	9150	<b>2</b>		ш
	All ADDDEOO		CITY			STATI	▲		ZIP	CODE	•	
COMMITTEE'S E-M.		<b></b>										
pete@durkee	andassociates.co	<u>"                                    </u>	ш			ш			ш			ш
			ш						ш			Щ
COMMITTEE'S WEE	B PAGE ADDRESS (U	RL)										
									ш			لـــا
							11	11	ш			ш
2. DATE 1	M / D D / Y											
3. FEC IDENTIFIC	ATION NUMBER		C C00	396994								
4. IS THIS STATE	MENT NEW	(N) OR	X	AMEN	DED (A)							
I certify that I have example or Print Name of	nined this Statement and	to the best of my kno		d belief it is tr	ue, correct a	nd compl	ete					
Signature of Treasure	er Electronically File	d by <b>Jay R. Le</b> v	enberg/			Date	<b>1</b>	<b>1</b> /	<sup>D</sup> 17	/ Y	Ý 2 (	) 0 8 O (
NOTE: Submission of	false, erroneous, or incon	nplete information mag	•		_				of 2 U.S.C	;. S437g	<b>J</b> .	
Office Use Only				For further if Federal Elec Toll Free 800 Local 202-69	tion Commis 0-424-9530				FEC I	FORI ed 12/200		

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5.		COMMITTEE (Check One) e 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 information below.)	the candidate				
	Name of Candidate						
	Candidate Party Affilia		State District				
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate						
	Party Con						
	(d) X	This committee is a SUB (National, State (or subordinate) committee of the DEM	(Democratic, Republican,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 Corporation w/o Capital Stock La	abor Organization				
		Membership Organization Trade Association C	ooperative				
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund or party				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	Joint Fund	draising 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				
	Co	ommittees Participating in Joint Fundraiser					
		1. FEC ID number C					
		2 FEC ID number C					
		3. FEC ID number					
		4. FEC ID number C					
		5 FEC ID number C					

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W	rite or Type Committee Name			
	RIVERSIDE COUNTY DE	MOCRATIC CENTRAL COMMITTEE	<u> </u>	
6.	Name of Any Connected Org	anization, Affiliated Committee, Leadersh	nip PAC Sponsor or Joint Fund	raising Representative
	DEMOCRATIC STATE CE	NTRAL COMMITTEE OF CA - FEDE	RAL	
I				<u> </u>
	Mailing Address	1401 21st Street, Suite	200	
	•	<u>.</u>		
		Sacramento	, , , , ,   ÇA	95811
		CITY	STATE ▲	ZIP CODE A
	Relationship:			
	Connected Organization	X Affiliated Committee Lea	adership PAC Sponsor	oint Fundraising Representative
7.	possession of Committee		er optional), and position o	f the person in
	Full Name Jay R. I	Levenberg		
	Mailing Address	76802 Bishop Place		
		Palm Desert	CA	92211 _
	Title or Position ▼	CITY A	STATE	ZIP CODE A
	Treasurer		Telephone number	7791767
8.	name and address of any	and address (phone number optiona designated agent (e.g., assistant treas  Levenberg  76802 Bishop Place  Palm Desert	•	mittee; and the92211
	Title or Position ♥	CITY A	STATE <b>▲</b>	ZIP CODE A
	Treasurer		Telephone number 760	779 _ 1767
			•	

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Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE A	ZIP CODE A
	Te	lephone number	
Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc.	e committee deposits funds, ho	lds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	naintains funds.	e committee deposits funds, ho	lds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc.  ank of America  204 E. 6th St.	e committee deposits funds, ho	ı
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safety deposit boxes or m Name of Bank, Depositor  Ba  Mailing Address  Name of Bank, Depositor	naintains funds. ry, etc.  ank of America  204 E. 6th St.  Corona  CITY   ry, etc.	CA STATE △	91719
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