FEC FORM

## STATEMENT OF ORGANIZATION

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EODM 1 UNGANIZATION		•	WILLIAM TO THIS 20			
	FORM 1 ONGANIZATION			FEGGNAU CENTER		
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		nple:If typing, type the lines.	12FE4M	15
DELAWAF	RE PE	MOCRATIC E	ΧĘÇ	UTIVE BOAI	RD	
	لللل					
ADDRESS (number a	nd street)	P. O. BOX 61	3162	<u>.</u> 	لللل	
(Chack if an is changed)		NORTH MIAN	VI.	<del></del>	FL	33261
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA  (Check if is change	address	S (Please provide only one out of the USDemocrate		ress) ecutiveBoard	ds@ho	otmail.com
COMMITTEE'S WEB	PAGE ADD	PRESS (URL)				
(Check if is change			<del></del>			
2. DATE 11	l" ' <b>9</b> '	° ′ 2012				·
3. FEC IDENTIFIC	CATION NU	IMBER C				
4. IS THIS STATE	MENT 🔀	NEW (N) OR		AMENDED (A)		
·		is Statement and to the bes	-	•	is true, com	ect and complete.
Type or Print Name	of Treasurer			<u> </u>		
Signature of Treasure	er <u></u>	Enter.			Date 1	1" ′ 09" ′ 2012 `
NOTE: Submission of	•	ous, or incomplete information	-			to the penalties of 2 U.S.C. §437g.
Office Use Only				For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

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		DMMITTEE	
Cand	didate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.	)
(b)	Ц	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name Candid			
Candid Party	oate Affiliatio	n Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid	•		111111
Party	y Com	mittee:	
(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politi	ical Ac	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organizatioπ is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperativa
		In addition, this committee is a Lobbyist/Registrant PAC.	
(1)	$\boxtimes$	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lotrbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	raising 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 faderal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Comr	nittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number C	
	3.	FEC ID number C	
	4.		

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Write or Type Committee Name	е	
DELAWARE DE	MOCRATIC EXECUTIVE BOARD	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
NONE		1111111
Mailing Address		111111
-		
		1-1 1
	CITY STATE	ZIP CODE
Relationship: Connecte	od Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person in po	ossession of committee
Full Name DAVI	D ĘIŅSŢĘIŅ	1 1 1 1 1 1 1
Mailing Address	P. O. BOX 613162	
	NORTH MIAMI	61
Title or Position	CITY STATE	ZIP CODE
EXECUTIVE DIF	RECTOR Telephone number [786] - [7	763 7862 _
8. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the n assistant treasurer).	ame and address of
Full Name OAVI	D FINSTEIN	
Mailling Address	P. O. BOX 613162	
	NORTH MIAMI FL 3326	<b>31</b>
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number 786 - 7	763 _ 7862

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Full Name of Designated Agent			
Mailing Address			لىسىسىس
		111111	
	СПУ	STATE	ZIP CODE
Title or Position	_		
	Tele	ephone number	<u> </u>
Name of Bank,  Mailing Address	BANK OF AMERICA 13450 WEST, DIXIE HIGHWA	.Y	
	NORTH MIAMI	··· FL	33161
	СПУ	STATE	ZIP CODE
Name of Bank,	Depository, etc.		
Mailing Address			
		<u> </u>	
		ليا ليا	<u> </u>
	СПУ	STATE	ZIP CODE

PREPARER (3/2005)

## **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** 10/2012 Delivery Confirmation<sup>™</sup> or Signature Confirmation <sup>™</sup> Label **Postmarked USPS** Express Mail Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **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): 11/30/2012

DATE PREPARED