## STATEMENT OF

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FORM 1		ORGANIZATION				EEC MALL OF U.S.	
<u></u>					<u>L</u>	Office USE SIN MAIL CENT	
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4M5	-	
FLORIDA	DEMC	CRATIC EX	<b>ECUT</b>	IVE BOARD	<u> </u>		
	1111						
ADDRESS (number a	ind street)	P. O. BOX 6	51316	2		لتتتبيينا	
(Check if address					<del></del>		
is changed	)	NORTH MIA	<b>MI</b>		FL	33261	
			СПУ		STATE	ZIP CODE	
COMMITTEE'S E-MA	AIL ADDRES	SS (Please provide only or	ne e-mail ad	dress)			
[] /Chook #	addrone	USDemocraticExecutiveBoards@hotmail.com					
(Check if address is changed)		<u> </u>	1111			لىسىسىس	
COMMITTEE'S WEE	PAGE ADI	DRESS (URL)					
(Check if	address		1111				
is change							
2. DATE 11	l <sup>™</sup> ′ <b>9</b>	°′ <b>ž0</b> 12					
3. FEC IDENTIFICATION NUMBER C							
4. IS THIS STATE	MENT 🔀	NEW (N) OF		AMENDED (A)			
I certify that I have	examined th	nis Statement and to the	best of my	knowledge and belief it	is true, correc	t and complete.	
Type or Print Name	of Treasure	DAVID EIN	ISTEI	N			
Signature of Treasur	er	D'instern			Date 11	° ′ 09° ′ 20′12 ′	
NOTE: Submission of false, erroneous, or incomplete information may subject the person 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 co Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	

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TYPE OF COMMITTEE								
	Committee:							
(a) [_	This committee is a principal campaign committee. (Complete the candidate information below	r)						
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
Name of Candidate	- · · · · · · · · · · · · · · · · · · ·							
Candidate Party Affiliation	Office Sought: House Senate President	State						
-		District						
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.							
Name of Candidate								
Party Cen								
(d)	(National, State  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 co	onnected organization is a:						
<del></del>	Corporation Corporation w/o Capital Stock	Labor Organization						
	Merrisership Organization Trade Association	Cooperation						
	In addition, this committee is a Lobbyist/Registrant PAC.	Cooperativn						
<b>0</b> ⊠								
" <u></u>	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated firmd or party committee. (i.e., nonconnected committee)							
	In addition, this committee is a Loheyiet/Registoant PAC.							
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)							
Joint Fundralsing 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)								
Committees Participating in Loint Fundraiser								
1.	, LO ID Humber C							
2.	FEC ID number C							
3.	FEC ID number C							
4								

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Write or Type Committee	Name						
FLORIDA DEMOCRATIC EXECUTIVE BOARD							
6. Name of Any Conhec	cted Organization, Affiliated Committee, Joint Fürldralsing Representative, or Leaders	hip PAC Sponsor					
NONE							
Mailing Address							
	CITY STATE	ZIP CODE					
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Representative Le	adership PAC Sponsor					
<ol> <li>Custodian of Records books and records.</li> </ol>	s: Identify by name, address (phone number optional) and position of the person in pos	ssession of committee					
Full Name	AVID EINSTEIN	<b>.</b>					
Mailing Address	P. O. BOX 613162						
		<u> </u>					
	NORTH MIAMI	1					
Title or Position	CITY STATE	ZIP CODE					
EXECUTIVE	DIRECTOR Telephone number 786 - 7	63,  - 7862 ,					
	me and address (phone number optional) of the treasurer of the committee; and the na (e.g., assistant treasurer).	me and address of					
Full Name of Treasurer	AVID EINSTEIN						
Mailing Address	P. O. BOX 613162	لىسىس					
	NORTH MIAMI FL 3326	<del></del>					
Title or Position	CITY STATE  Telephone number [786] - [796]	ZIP CODE 63   _   7862					
1							

STATE

STATE

ZIP CODE

ZIP CODE

CITY

CITY

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Name of Bank, Depository, etc.

Mailing Address

Federal Election C ENVELOPE REPLACEMENT PAGE F The FEC added this page to the end of this	OR INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked 11   10   2012
Delivery Confirmation'™ or S	Signature Confirmation <sup>™</sup> Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registrat	Date of Receipt tion Office
Received from Senate Public Records Offi	Date of Receipt ce
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
PY	11/30/2012
PREPARER (2/2005)	DATE PREPARED
(3/2005)	