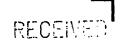
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FEC		
FORM	1	

STATEMENT OF ORGANIZATION



2012 JUL 20 AM 11:20 Office Use Only MAIL CENTER FFC A when not want or NAME OF (Check if name Example: If typing, type 1. 12FE4M5 COMMITTEE (in full) is changed) over the lines. anale made and be coloned ALBERT MAXWELL GOLDBERG FOR CONGRESS 69 BURN SHEL LANE ADDRESS (number and street) (Check if address is changed) IC. 93001-405 COLDBORG POLLOUGRESS FRENC 07 ALSO COUTRIBUTION CHECKS BE MADE OUT CITY STATE **ZIP CODE** COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) ALFORICONGRESSPONAHODICOM · : · :, (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) ALGULDBERGEDRCONGRESS. COM ۰. ۱ (Check if address is changed) D D / 201 2 DATE 1 2. 6 C00517029 FEC IDENTIFICATION NUMBER 3. AMENDED (A) IS THIS STATEMENT NEW (N) OR 4 I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. ALBERT MAXWELL GOLDBERG Type or Print Name of Treasurer

Signature of Treasurer Date Date Date

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 Only	For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)
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5.			
			Committee:
	(a)	X	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 Candi		ALBERT MAXWELL GOLDBERG
	Candi Party	idate Affiliati	on DEM Office Sought: X House Senate President State CA District 26
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		
	Part	y Con	nmittee:
	(d)		This committee is a (National, State (Democratic, This committee is a or subordinate) committee of the (Democratic,
	Polit	tical A	ction Committee (PAC):
	(e)	Ŋ	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
			Lecorporation . Corporation w/o Capital Stock Labor Organization
			Membership Organization
			In addition, this committee is a Lobbyist/Registrant PAC.
	(f)		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 Lobbyist/Registrant PAC.
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
	Joint	t Fund	Iraising Representative:
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political
	(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political
		ŢĨ	committees/organizations, none of which is an authorized committee of a federal candidate.
		Com	mittees Participating in Joint Fundraiser
		1.	
		2.	
		3.	
		4.	
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FEC Form 1 (Revise	d (12/2009)	Page 3						
Write or Type Committee Na								
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor						
Mailing Address								
Relationship:		adership PAC Sponso						
7. Custodian of Records: lo	dentify by name, address (phone number optional) and position of the person in po	ssession of committee						
books and records.	THE ST. S. S. S.							
Full Name	Full Name ALBERT MAXWELLSGOLDBERG							
Mailing Address	11.69 SHELBURN LANE							
		<u>. l l l l l</u> l l						
	NENTIVIRA 1111 CA 1930	011-4054						
Title or Position	CITY STATE	ZIP CODE						
GANDIDAT		1971-13862						
 Treasurer: List the name any designated agent (e.g 	and address (phone number optional) of the treasurer of the committee; and the n., assistant treasurer).	ame and address of						
Full Name of Treasurer	ERT MAXWELL GULDBERG							
Mailing Address	11169 SHELBURN LANE	<u> </u>						
The configuration	CITY STATE	ZIP CODE						
Title or Position		9.7-13.8.62						

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FEC Form 1 (Rev	rised 02/2009)
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Name of Bank, Dep							· ···· ···· ···· ····		
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Name of Bank, Depo									

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indi	AING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C) 7/16/12
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature C	onfirmation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	·
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Bus	siness Day Delivery
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
Date Other (Specify):	of Receipt or Postmarked
PREPARER (2/2005)	7/20/12 DATE PREPARED
Received from House Records & Registration Office Received from Senate Public Records Office Received from Electronic Filing Office Date Other (Specify):	Date of Receipt Date of Receipt Date of Receipt of Receipt or Postmarked 7/26/12

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