RECEIVES.

Z012 NOV 13 PM 12: 31 FEC MAIL CENTER

**Committee Name:** 

CALIFORNIA DEMOCRATIC CLUB

If registered, FEC ID:

Today's Date:

11/09/2012

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

**DAVID EINSTEIN** 

, Treasurer

## 12030962206

FEC FORM 1

## STATEMENT OF ORGANIZATION

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2012 NOV 13 PM 12: 31
FFC\_MAIL\_CENTER

FORM 1	ONGANIZA	ONGANIZATION		ECMAIL CENTER		
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M	<u> </u>		
CALIFORNIA DEMOCRATIC CLUB						
ADDRESS (number and street)  P. O. BOX 613162						
(Check if address is changed)	NORTH MIAM	<u>                                     </u>	FL	33261		
	С	ПΥ	STATE	ZIP CODE		
COMMITTEE'S E-MAIL ADDRE	ESS (Please provide only one e-n	·	@b a4-	!!		
(Check if address is changed)	UnitedStates	emocraticClubs	<u> </u>	nali.com , , , , , ,		
COMMITTEE'S WEB PAGE AL	ODRESS (URL)					
(Check if address is changed)		<del>                                      </del>				
2. DATE 11" '9" '2012 '						
3. FEC IDENTIFICATION NUMBER C						
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)						
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.						
Type or Print Name of Treasurer  DAVID EINSTEIN						
Signature of Treasurer Date 11" 09° 2012						
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 Commissio Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)		

FEC	orm 1 (Revised 02/2009)	Page 2	
TYPE OF	COMMITTEE		
Candida	te Committee:		
(a)	This committee is a principal campaign committee. (Complete the candidate information belo	w.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)		
Name of Candidate			
Candidate Party Affili	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 Co	mmittee:		
(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	connected organization is	
	Corporation Corporation w/o Capital Stock	Labor Organization	
	Membership Organization Trade Assuciation	Cooperative	
	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 Fu	ndraising Representative:		
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds fo committees/organizations, at least one of which is an authorized committee of a federal candidate.		
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political	
Co	mmittees Participating in Joint Fundraiser		
1.	FEC ID number C		
2.	FEC ID number C		
3.	FEC ID number C		
4.			

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FEC Form 1 (Revised	1 02/2009)	Page 3
Write or Type Committee Nam	ne	
CALIFORNIA D	DEMOCRATIC CLUB	
6. "Name of Any Connected	Organization, Artifiated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
NONE		
ΙΝΟΝΕΙΙΙΙ		
Mailing Address		
		1-1 1
	CITY STATE	ZIP CODE
Polotionakin, Connect	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership FAC Sponsor
<ol> <li>Custodian of Records: Identification</li> <li>books and records.</li> </ol>	entify by name, address (phone number - optional) and position of the person in	n possession of committee
Full Name	<u>ID EINSTEIN</u>	
Mailing Address	P. O. BOX 613162	
	NORTH MIAMI	3261 <sub>  1-1</sub> , , ,
Title or Position	CITY STATE	ZIP CODE
ADMINISTRATI	VE DIRECTOR Telephone number 786	_ [763,
8. Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	ne name and address of
Full Name of Treasurer	ID EINSTEIN	
Mailing Address	P. O. BOX 613162	
		111111
	NORTH MIAMI FL 3	3261
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number 786.	_ [763,

Federal Election C ENVELOPE REPLACEMENT PAGE F The FEC added this page to the end of this	FOR 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™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registra	Date of Receipt tion Office
Received from Senate Public Records Offi	Date of Receipt ice
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
PY	11/30/2012
PREPARER	DATE PREPARED
(3/2005)	