FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instruction	_	N					Of	fice use o	anly			
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Exan over	nple: If typyi the lines	ng, type	[12F	E4M		lice use t	orliy			
MARK TWAIN	DEMOCRATIC C	LUB	111		1 1 1	ı	1 1	1 1	1 1	1 1	1 1	1 1	1	ıl
											1 1			
ADDRESS (number and	street) 1212	S. Victory Blvd.										—	<u>'</u>	ш Ш
(Check if addr	ess Burb						L ÇA			91	502	 -L_		ш Ш
			CITY▲			9	STATE	_		Z	IP COI	DE 📥		
COMMITTEE'S E-MA	IL ADDRESS eeandassociates.	com												
				Ш			ш							Щ.
				шш			Щ		ш			ш		
COMMITTEE'S WEB	PAGE ADDRESS (U	RL)												
							ш		ш	ш				لــــ
							ш					ш		Ш
COMMITTEE'S FAX N 8182600657	NUMBER	ل												
2. DATE 0.1	/ D D / Y	2009												
3. FEC IDENTIFICA	ATION NUMBER	C	C C00	369025										
4. IS THIS STATEM	MENT NEW	(N) OR	X	AMEN	DED (A)									
I certify that I have exam	ined this Statement and	to the best of my know	vledge an	d belief it is tr	rue, correc	ct and	comple	ete						
Type or Print Name of	TreasurerL	illian Gonzales												
Signature of Treasurer	Electronically File	d by Lillian Go n	ızales			D	ate	0	1 /	D 2	3 /	YYY	2 0 (0 9 [°]
NOTE: Submission of fa		nplete information may								of 2 U.S	S.C. S4	37g.		
Office Use Only				For further Federal Elec Toll Free 80 Local 202-6	ction Comr 0-424-953	missio					FOI			

FE3AN042.PDF

	ı	FEC F	form 1 (Revised 12/2007)	Page 2							
5.			OMMITTEE (Check One) 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 the information below.)	e candidate							
	Name Candi										
	Candi Party	idate Affiliatio	Office Sought: House Senate President	State District							
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	Name Candi										
	Party	Comm									
	(d)	X		(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 a:								
			Corporation Corporation w/o Capital Stock Laboration	or Organization							
			Membership Organization Trade Association Cod	pperative							
	(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 Leadership PAC. (Identify sponsor on line 6.)								
	Joint I	Fundra	ising Representative:								
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political							
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political							
		Com	mittees Participating in Joint Fundraiser								
			1 FEC ID number C								
			2 FEC ID number C								
			3. FEC ID number								
			4. FEC ID number C								
			FFC ID number C								

MARK TWAIN DEMOCRATIC CLUB 6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Relation And Elease County Democratic Central Committee Mailing Address 1212 S. Victory Blvd.	epresentative						
LOS ANGELES COUNTY DEMOCRATIC CENTRAL COMMITTEE	epresentative						
1212 S. Victory Blyd.							
Mailing Address 1212 S. Victory Blvd.							
Mailing Address 1212 S. Victory Blvd.							
L , , , Burbank , , , , , , , , , , , , , , , , , , ,	91502						
CITY A STATE A	ZIP CODE						
Relationship:							
Connected Organization X Affiliated Committee Leadership PAC Sponsor Joint Fund	raising Representative						
Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Lillian Gonzales Full Name							
Mailing Address 10219 Brian Ct							
Whittier CA 9	90601						
Title or Position ▼ CITY ▲ STATE ▲ Treasurer Telephone number 818	ZIP CODE 4 260 – 0669						
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; a name and address of any designated agent (e.g., assistant treasurer).	and the						
Full Name of Treasurer Lillian Gonzales							
Mailing Address 10219 Brian Ct							
Whittier CA S	90601						
Title or Position ♥ CITY ▲ STATE ▲	ZIP CODE A						

	FEC Form 1 (Revis	sed 12/2007)		Page 4						
	Full Name of Designated Agent									
	Mailing Address									
	Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A						
			lephone number							
9.	safety deposit boxes or m Name of Bank, Depositor	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. First California Bank								
	Mailing Address	1880 Century Park East								
		Los Angeles	ÇA	90067						
		CITY 🗻	STATE. △	ZIP CODE 🛕						
	Name of Bank, Depositor	y, etc.								
	Mailing Address									
		CITY 🗖	STATE △	ZIP CODE 🛕						