FEC FORM

STATEMENT OF ORGANIZATION

RECEIVED

2012 OCT 15 AM 10: 58

| FORM 1 | | | | | FEC | MAIL CE | NTER | |
|-------------------------|-------------|---|--------------|---|--|---------------------------------------|-----------------------|--------|
| NAME OF COMMITTEE (in | n full) | (Check if name is changed) | | mple:If typing, type the lines. | 12FE4M | , , , , , , , , , , , , , , , , , , , | | |
| Northeast Democ | ratic Head | dquarters PAC | <u> </u> | | | | <u> </u> | |
| | | 1458 N. Ave. 57 | | | | | | |
| ADDRESS (number a | nd street) | | | 1 | <u>i </u> | | | |
| (Check if a is changed) | | Los Angeles | | | CA | 90042 | | — — |
| | | | CITY | | STATE | ZII | PCODE | |
| COMMITTEE'S E-MA | address | SS (Please provide only on gary@crummittandas | | | <u> </u> | | | l |
| COMMITTEE'S WEB | PAGE ADI | DRESS (URL) | | | | | | |
| (Check if is change | | | | | | | | لب |
| 2. DATE | 11 . 11 - | 11 83 | | | | | | |
| 3. FEC IDENTIFIC | CATION NU | JMBER C | C0039872 | 7 ^ | | | | |
| 4. IS THIS STATE | MENT | NEW (N) OR | x | AMENDED (A) | | | | |
| I certify that I have | examined th | is Statement and to the L | best of my l | knowledge and belief | it is true, correc | ct and comple | ete. | |
| Type or Print Name | of Treasure | Gary Cruyingtt | 4 | | | | | |
| Signature of Treasure | er | 77 (U) (| X | | Date 10 | | / Y 1 Y 2 2012 | |
| NOTE: Submission of | | eous, or incomplete informations. ANY CHANGE IN INFORM | | | | | s of 2 U.S.C. | §437g. |
| Office Use | | | | For further information Federal Election Commiss Toll Free 800-424-9530 | | | FORM 1 ed 02/2009) | |

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| F | EC Fo | rm 1 (Revised 02/2009) | Page 2 |
|---------------|---------------------|--|--|
| TYPE | OF C | COMMITTEE | |
| Can | didate | e 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. (Comple information below.) | te the candidate |
| Name Cand | | | |
| Cand 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 Cand | | | |
| Part | y Con | nmittee: | |
| (d) | | , | emocratic, publican, etc.) Party. |
| Polit | tical A | Action Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne | cted organization is a: |
| | | Corporation Corporation w/o Capital Stock | abor Organization |
| | | | Cooperative |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) | x | This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee) | egated fund or party |
| | | In addition, thie committee is a Lobbyist/Registrant PAC. | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Join | t Func | draising Representative: | and the state of t |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | or more political |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | or more political |
| | Com | nmittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number C | |
| | 3. | FEC ID number | |
| | 4. | FEC ID number | |
| | | | |

| TEO FORM I (IVENS | sed 02/2009) | Page 3 |
|--|--|---|
| Write or Type Committee N | lame | |
| Northeast Democratic H | eadquarters PAC | |
| 6. Name of Any Connecte | ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lead | ership PAC Sponsor |
| Ndne | | |
| | | |
| Mailing Address | | |
| | | |
| | | 11 |
| | CITY STATE | ZIP CODE |
| | | |
| Relationship: Conne | ected Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor |
| _ | | |
| . Custodian of Records: books and records. | Identify by name, address (phone number - optional) and position of the person in | possession of committee |
| ,Al St | trange | |
| Full Manne | | |
| Full Name | .1458 N. Ave. 57 | |
| Full Name L | 1458 N. Ave. 57 | |
| | | |
| | 1458 N. Ave. 57 Los Angeles CA 900 | 42 |
| | | ZIP CODE |
| Mailing Address Title or Position | Los Angeles CITY CITY STATE | |
| Mailing Address Title or Position Custodian of Recor | CITY STATE Cas Angeles City STATE Telephone number 323 and address (phone number optional) of the treasurer of the committee; and the | ZIP CODE |
| Mailing Address Title or Position Custodian of Recor | CITY STATE Cas Angeles City STATE Telephone number 323 and address (phone number optional) of the treasurer of the committee; and the | ZIP CODE |
| Title or Position Custodian of Recor I I I I I I I I I I I I I I I I I I I | CITY STATE Cas Angeles CITY STATE Telephone number 323 Telephone number 4 | ZIP CODE |
| Mailing Address Title or Position Custodian of Recor | CITY STATE Cas Angeles CITY STATE Telephone number 323 e and address (phone number optional) of the treasurer of the committee; and the e.g., assistant treasurer). | ZIP CODE |
| Title or Position Custodian of Recor I I I I I I I I I I I I I I I I I I I | CITY STATE Cas Angeles Cas 900 Cas 1900 Ca | ZIP CODE 254 e name and address of |
| Title or Position Custodian of Recor I I I I I I I I I I I I I I I I I I I | CITY STATE Cas and address (phone number — optional) of the treasurer of the committee; and the e.g., assistant treasurer). Crummitt 110 Pine Ave., #1010 Long Beach CA 900 | ZIP CODE 254 1084 e name and address of |
| Title or Position Custodian of Recor I I I I I I I I I I I I I I I I I I I | CITY STATE Cas Angeles Cas 900 Cas 1900 Ca | ZIP CODE 254 e name and address of |

CITY

FEC Form 1 (Revised 2/2009)

None

Full Name of Designated

Agent

ZIP CODE

ZIP CODE

ZIP CODE

STATE

Mailing Address

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** Delivery Confirmation[™] or Signature Confirmation[™] Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark Shipping Date 10/13/12 Fed EX 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):

DATE PREPARED

(3/2005)