

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

Westiders for Progress 2012

ADDRESS (number and street)

321 West 89th Street, #6

(Check if address is changed)

New York
CITY ▲

NY
STATE ▲

10024

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

dlpesq2@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 12 / 14 / 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 Darrell L. Paster

Signature of Treasurer

Date

1/25/13

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.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

13031030981

5. TYPE OF COMMITTEE

Candidate 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 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 Committee:

- (d) This committee is a _____ (National, State 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 a:

| | | |
|-------------------------|-------------------------------|--------------------|
| Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association | 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 Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

| | | | |
|-----------------|--|-------|----------|
| | | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | | | |
| CITY | | STATE | ZIP CODE |

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| | | | |
|-------------------|--------------------------|-------|----------|
| Full Name | Darrell L. Paster, Esq. | | |
| Mailing Address | 321 West 89th Street, #6 | | |
| | New York | NY | 10024 |
| Title or Position | CITY | STATE | ZIP CODE |
| TREASURER | | | |
| Telephone number | 646 | - 37 | 7700 |

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| | | | |
|------------------------|--------------------------|-------|----------|
| Full Name of Treasurer | Darrell L. Paster | | |
| Mailing Address | 321 West 89th Street, #6 | | |
| | New York | NY | 10024 |
| Title or Position | CITY | STATE | ZIP CODE |
| Treasurer | | | |
| Telephone number | 646 | - 33 | 7700 |

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Full Name of Designated Agent

N/A

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

9. 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.

JP Morgan Chase Bank NA

Mailing Address

2552 Broadway

New York

NY

10025

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13031030984

Federal Election Commission
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The FEC added this page to the end of this filing to indicate how it was received.

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| <input type="checkbox"/> Postmark Illegible | |
| <input checked="" type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/> | Shipping Date |
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| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |

J. P.
PREPARER

2/4/13
DATE PREPARED

(3/2005)

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