

THE SIMON GROUP
POLITICAL REPORTING & TREASURY SERVICES

RECEIVED
FEDERAL ELECTION COMMISSION
MARCH 21 2007

MEMORANDUM

TO: FEDERAL ELECTION
COMMISSION

FROM: RENITA LLOYD-SMITH *RLS*

RE: WEST LOS ANGELES HEALTH
PAC

DATE: MARCH 21, 2007

NOTES/COMMENTS

Enclosed herewith please find the original + one copy and a conformed copy of the following forms:

FEC Form 1 (Amendment)

Please stamp as received and return conformed copy to me in the self-addressed, stamped envelope.

Thank you for your consideration.

TYPE OF DELIVERY:

- First Class Mail
- Certified/Return Receipt Mail
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- Personal Delivery
- Via Facsimile

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FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
FEB 21 2007

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

WEST LOS ANGELES HEALTH PAC

ADDRESS (number and street) 400 CORPORATE POINTE

(Check if address is changed)

SUITE 300

CULVER CITY CA 90230

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS renita@thesimongroup.us

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER 310 - 215 - 1064

2. DATE 03 21 2007

3. FEC IDENTIFICATION NUMBER C 00198861

4. IS THIS STATEMENT NEW (N) OR X 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 Renita Lloyd-Smith

Signature of Treasurer [Handwritten Signature] Date 03 21 2007

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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5. TYPE OF COMMITTEE (Check One)

- (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
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

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Write or Type Committee Name

WEST LOS ANGELES HEALTH PAC

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 RENITA LLOYD-SMITH

Mailing Address THE SIMON GROUP

400 CORPORATE POINTE, SUITE 300

CULVER CITY CA 90230

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 310-215-1054

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 RENITA LLOYD-SMITH

Mailing Address THE SIMON GROUP

400 CORPORATE POINTE, SUITE 300

CULVER CITY CA 90230

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 310-215-1054

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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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.

CALIFORNIA BANK AND TRUST

Mailing Address

550 S. HOPE STREET, SUITE 100

LOS ANGELES CA 90071

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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Other (Specify): Date of Receipt or Postmarked

SN
 PREPARER
 (3/2005)

3/28/07
 DATE PREPARED

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