

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
WEST LOS ANGELES HEALTH PAC - Federal

ADDRESS (number and street) 555 SOUTH FLOWER ST., SUITE 4210
 Check if different than previously reported. (ACC)
LOS ANGELES CA 90071

2. **FEC IDENTIFICATION NUMBER** C00198861
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2009 through 06 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Gould

Signature of Treasurer Electronically Filed by David Gould Date 07 09 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
WEST LOS ANGELES HEALTH PAC - Federal

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		4310.65
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	4310.65									
(c) Total Receipts (from Line 19)	4100.00	4100.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8410.65	8410.65								
7. Total Disbursements (from Line 31)	6735.86	6735.86								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1674.79	1674.79								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

WEST LOS ANGELES HEALTH PAC - Federal

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4000.00	4000.00
(ii) Unitemized	100.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4100.00	4100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4100.00	4100.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4100.00	4100.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4100.00	4100.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	735.86	735.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	735.86	735.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	6000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6735.86	6735.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6735.86	6735.86

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	4100.00	4100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4100.00	4100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	735.86	735.86
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	735.86	735.86

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WEST LOS ANGELES HEALTH PAC - Federal

A.	Full Name (Last, First, Middle Initial) Bernard Briskin		Date of Receipt MM / DD / YYYY 04 / 28 / 2009		
	Mailing Address 9595 Wilshire Blvd # 411		Transaction ID: 11 ai-130		
	City Beverly Hills	State CA	Zip Code 90212	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Arden Group Inc.	Occupation Executive			

Receipt For: 2009	Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General	1000.00
<input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year	

B.	Full Name (Last, First, Middle Initial) Judith Carroll		Date of Receipt MM / DD / YYYY 04 / 06 / 2009		
	Mailing Address 10580 Wilshire Blvd # 84		Transaction ID: 11 ai-125		
	City Los Angeles	State CA	Zip Code 90024	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer None	Occupation Homemaker			

Receipt For: 2009	Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General	500.00
<input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year	

C.	Full Name (Last, First, Middle Initial) John H Kissick		Date of Receipt MM / DD / YYYY 04 / 06 / 2009		
	Mailing Address 16130 Ventura Blvd. #320		Transaction ID: 11 ai-129		
	City Encino	State CA	Zip Code 91436	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Ares Management LLC	Occupation Sr. Partner			

Receipt For: 2009	Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General	500.00
<input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year	

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 10
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WEST LOS ANGELES HEALTH PAC - Federal

A.

Full Name (Last, First, Middle Initial)
Frieda Meltzer

Mailing Address 9201 Wilshire Blvd # 207

City State Zip Code
Beverly Hills CA 90210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
None Retired

Receipt For: 2009
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
04 / 06 / 2009

Transaction ID: 11 ai-128

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Steven Nichols

Mailing Address P.O. Box 6526

City State Zip Code
Malibu CA 90264

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
K-Swiss Inc. Chief Executive Officer/President

Receipt For: 2009
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
04 / 28 / 2009

Transaction ID: 11 ai-132

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Carmen H. Warschaw

Mailing Address 518 Doheny Rd

City State Zip Code
Beverly Hills CA 90210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
None Retired

Receipt For: 2009
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
04 / 06 / 2009

Transaction ID: 11 ai-126

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) **1500.00**

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 10
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WEST LOS ANGELES HEALTH PAC - Federal

A.	Full Name (Last, First, Middle Initial) Elaine R. Winters		Date of Receipt
	Mailing Address 385 Trousdale Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 6 / 2 0 0 9
	City	State	Zip Code
	Beverly Hills	CA	90210
	FEC ID number of contributing federal political committee.		Transaction ID: 11ai-127
	C		Amount of Each Receipt this Period
Name of Employer None		Occupation Retired	<input type="text"/> 500.00
Receipt For: 2009		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/> 500.00	
<input checked="" type="checkbox"/> Other (specify) ▼	Calendar Year		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 500.00
TOTAL This Period (last page this line number only)	<input type="text"/> 4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WEST LOS ANGELES HEALTH PAC - Federal

A.	Full Name (Last, First, Middle Initial) David L. Gould Company Mailing Address 555 S. Flower Street Suite 4210 City Los Angeles State CA Zip Code 90071 Purpose of Disbursement Political Reporting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 21b-74 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 9	Amount of Each Disbursement this Period 300.00
B.	Full Name (Last, First, Middle Initial) David L. Gould Company Mailing Address 555 S. Flower Street Suite 4210 City Los Angeles State CA Zip Code 90071 Purpose of Disbursement Office Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 21b-75 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 9	Amount of Each Disbursement this Period 235.86
C.	Full Name (Last, First, Middle Initial) David L. Gould Company Mailing Address 555 S. Flower Street Suite 4210 City Los Angeles State CA Zip Code 90071 Purpose of Disbursement Political Reporting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 21b-76 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 200.00

SUBTOTAL of Disbursements This Page (optional)	735.86
TOTAL This Period (last page this line number only)	735.86

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WEST LOS ANGELES HEALTH PAC - Federal

A.

Full Name (Last, First, Middle Initial)
L.A. PAC

Mailing Address 6380 Wilshire Blvd # 1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Political Contribution

Candidate Name
L.A. PAC

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

Calendar year

Transaction ID: 23-80
Date of Disbursement

06 / 30 / 2009

Amount of Each Disbursement this Period

4000.00

B.

Full Name (Last, First, Middle Initial)
Grassley Committee, Inc.

Mailing Address P.O. Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
Political Contribution

Candidate Name
Charles E Grassley

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IA District:

Transaction ID: 23-77
Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Lucille Roybal-Allard for Congress

Mailing Address PO Box 582

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Political Contribution

Candidate Name
Lucille Roybal-Allard

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 34

Transaction ID: 23-78
Date of Disbursement

05 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

TOTAL This Period (last page this line number only) ▶

6000.00