| Image# 12972606439  |  |   | _   | PAGE 1 / 11   |                               |
|---|--|---|---|---|-------------------------------|
| FEC<br>FORM 3X  | REPORT O<br>AND DISBU<br>For Other Than An               | JRSEMEN                                   | rs  |   |                               |
| 1. NAME OF  | TYPE OR PRINT ▼  | Example: If ty                            |   | Office Use Only   |                               |
| COMMITTEE (in full)   |  | over the lines                            |   |   |                               |
|   | ES HEALTH PAC -  |   |   |   |                               |
|   |  |   |   |   |                               |
| DDRESS (number and street)  | 3700 Wilshire Blvd Ste                                   | 1050B                                     |   |   |                               |
| Check if different  |  |   |   |   |                               |
| than previously reported. (ACC)   | Los Angeles  |   |   | 90010   |                               |
| FEC IDENTIFICATION  | NUMBER 🔻   | CITY 🔺                                    | STATE                                     |   |                               |
| C C00198861   |  | 3. IS THIS<br>REPORT X                    | NEW<br>(N) <b>OR</b>                      | AMENDED<br>(A)  |                               |
| <ul> <li><b>TYPE OF REPORT</b><br/>(Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15<br/>Quarterly Report</li> </ul> | (b) Monthly<br>Report<br>Due On:                         | Feb 20 (M2)<br>Mar 20 (M3)<br>Apr 20 (M4) | May 20 (M5)<br>Jun 20 (M6)<br>Jul 20 (M7) | Aug 20 (M8)         Nov 20<br>(Non-Elect<br>Year Only)           Sep 20 (M9)         Dec 20<br>(Non-Elect<br>Year Only)           Oct 20 (M10)         Jan 31 | tiòn<br>)<br>(M1<br>tion<br>) |
| July 15<br>Quarterly Report<br>October 15<br>Quarterly Report<br>January 31   | (Q2) (C) 12-Day<br>PRE-Election<br>Report for th<br>(Q3) | Conventio                                 | 12C)                                      | General (12G) Runoff ( Special (12S) in the   | 12R                           |
| Year-End Report<br>July 31 Mid-Year<br>Report (Non-elec<br>Year Only) (MY)  | (12)<br>(d) 30-Day<br>POST-Election<br>Report for th     | , i i i i i i i i i i i i i i i i i i i   | 10G)                                      | Runoff (30R)  | (305                          |
| (TER)   |  | lection on                                | / D D / Y Y                               | in the State of   |                               |
| Covering Period   |  | 12 through                                |   | 30     /     Y     Y     Y     Y  |                               |
| certify that I have examined  |  | st of my knowledge an                     | d belief it is true, co                   | rrect and complete.   |                               |
| ype or Print Name of Treasu   | avid Gould   | [Electronic                               | ally Filed] Date                          | 10 / Y Y<br>10 2012   | Y                             |
| IOTE: Submission of false. err  | oneous, or incomplete inform                             | nation may subiect the r                  | erson sianina this Re                     | port to the penalties of 2 U.S.C. §4  | l37a                          |
| Office<br>Use<br>Only   |  | .,,                                       |   | FEC FORM 3X<br>Rev. 12/2004   | 9                             |

### 10/15/2012 17 : 22

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# SUMMARY PAGE

| FEC Form 3X (Rev. 02/2003)   | OF RECEIPTS AND DISBURSEMENTS | Page <b>2</b>   |
|--|-------------------------------|---|
| Write or Type Committee Name   |                               |   |
| WEST LOS ANGELES HEALTH P  | AC - Federal                  |   |
| Report Covering the Period: From: 0  | 7 01 2012 To:                 | M         /         D         /         Y |
|  | COLUMN A<br>This Period       | COLUMN B<br>Calendar Year-to-Date   |
| . (a) Cash on Hand<br>January 1, 2012  |                               | 14142.66  |
| (b) Cash on Hand at<br>Beginning of Reporting Period   | 15997.71                      |   |
| (c) Total Receipts (from Line 19)  | 11450.00                      | 17950.00  |
| <ul><li>(d) Subtotal (add Lines 6(b) and</li><li>6(c) for Column A and Lines</li><li>6(a) and 6(c) for Column B)</li></ul> | 27447.71                      | 32092.66  |
| . Total Disbursements (from Line 31)   | 1200.00                       | 5844.95   |
| Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d))   | 26247.71                      | 26247.71  |
| Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)                     | 0.00                          |   |
| 0. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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

| DE <sup>-</sup><br>FEC Form 3X (Rev. 06/2004)  | TAILED SUMMARY PAGE<br>of Receipts | Page <b>3</b>                     |
|--|------------------------------------|-----------------------------------|
| Write or Type Committee Name   |                                    | . 490 0                           |
| WEST LOS ANGELES HEALTH PAC  |                                    |                                   |
| Report Covering the Period: From: 07   | 01         2012         To:        | 09 / D D / Y Y Y Y<br>2012        |
| I. Receipts  | COLUMN A<br>Total This Period      | COLUMN B<br>Calendar Year-to-Date |
| <ol> <li>Contributions (other than loans) From:</li> <li>(a) Individuals/Persons Other</li> </ol>                                  |                                    |                                   |
| Than Political Committees<br>(i) Itemized (use Schedule A)   | 11250.00                           | 17750.00                          |
| (ii) Unitemized<br>(iii) TOTAL (add  | 200.00                             | 200.00                            |
| Lines 11(a)(i) and (ii)  | 11450.00                           | 17950.00                          |
| <ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>  | 0.00                               | 0.00                              |
| (d) Total Contributions (add Lines   | 0.00                               | 0.00                              |
| 11(a)(iii), (b), and (c)) (Carry<br>Totals to Line 33, page 5)▶  | 11450.00                           | 17950.00                          |
| 12. Transfers From Affiliated/Other<br>Party Committees  | 0.00                               | 0.00                              |
| 13. All Loans Received   | 0.00                               | 0.00                              |
| <ol> <li>Loan Repayments Received</li> <li>Offsets To Operating Expenditures</li> </ol>  | 0.00                               | 0.00                              |
| <ul> <li>(Refunds, Rebates, etc.)</li> <li>(Carry Totals to Line 37, page 5)</li> <li>16. Refunds of Contributions Made</li> </ul> | 0.00                               | 0.00                              |
| to Federal Candidates and Other<br>Political Committees  | 0.00                               | 0.00                              |
| <ol> <li>Other Federal Receipts<br/>(Dividends, Interest, etc.)</li> <li>Transfers from Non-Federal and Levin Funds</li> </ol>     | 0.00                               | 0.00                              |
| (a) Non-Federal Account<br>(from Schedule H3)  | 0.00                               | 0.00                              |
| (b) Levin Funds (from Schedule H5)   | 0.00                               | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))  | 0.00                               | 0.00                              |
| <ul> <li>19. Total Receipts (add Lines 11(d),</li> <li>12, 13, 14, 15, 16, 17, and 18(c))</li> </ul>                               | 11450.00                           | 17950.00                          |
|  | 1140.00                            | 1 30.00                           |
| 20. Total Federal Receipts<br>(subtract Line 18(c) from Line 19)▶  | 11450.00                           | 17950.00                          |

## DETAILED SUMMARY PAGE

of Disbursements

| FEC Form 3X (Rev. 02/2003)   | of Disbursements              | Page 4                |
|--|-------------------------------|-----------------------|
| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B              |
| . Operating Expenditures:<br>(a) Allocated Federal/Non-Federal<br>Activity (from Schedule H4)  |                               | Calendar Year-to-Date |
| (i) Federal Share  | 0.00                          | 0.00                  |
| (ii) Non-Federal Share   | 0.00                          | 0.00                  |
| (b) Other Federal Operating<br>Expenditures  | 200.00                        | 844.95                |
| (c) Total Operating Expenditures   |                               |                       |
| (add 21(a)(i), (a)(ii), and (b))   | 200.00                        | 844.95                |
| Committees   | 0.00                          | 0.00                  |
| Federal Candidates/Committees<br>and Other Political Committees  | 1000.00                       | 5000.00               |
| . Independent Expenditures<br>(use Schedule E)   | 0.00                          | 0.00                  |
| (use Schedule E)<br>Coordinated Party Expenditures<br>(2 U.S.C. §441a(d))<br>(use Schedule F)  | 0.00                          | 0.00                  |
|  |                               |                       |
| 5. Loan Repayments Made  | 0.00                          | 0.00                  |
| <ol> <li>Loans Made</li> <li>Refunds of Contributions To:</li> </ol>   | 0.00                          | 0.00                  |
| (a) Individuals/Persons Other<br>Than Political Committees   | , 0.00                        | 0.00                  |
| (b) Political Party Committees   | 0.00                          | 0.00                  |
| (c) Other Political Committees<br>(such as PACs)   | 0.00                          | 0.00                  |
|  |                               |                       |
| <ul><li>(d) Total Contribution Refunds</li><li>(add Lines 28(a), (b), and (c))</li></ul>   | 0.00                          | 0.00                  |
| 0. Other Disbursements   | 0.00                          | 0.00                  |
| <ul> <li>Federal Election Activity (2 U.S.C. §431(20)</li> <li>(a) Allocated Federal Election Activity<br/>(from Schedule H6)</li> </ul> | ))                            |                       |
| (i) Federal Share  | 0.00                          | 0.00                  |
| (ii) "Levin" Share   | 0.00                          | 0.00                  |
| (b) Federal Election Activity Paid Entirely<br>With Federal Funds  | 0.00                          | 0.00                  |
| (c) Total Federal Election Activity (add<br>Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶   | 0.00                          | 0.00                  |
| . Total Disbursements (add Lines 21(c), 22,  |                               |                       |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c))   | 1200.00                       | 5844.95               |
| Total Federal Disbursements  |                               |                       |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)  | 1200.00                       | 5844.95               |

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## DETAILED SUMMARY PAGE

of Disbursements

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| <ol> <li>Total Contributions (other than loans)<br/>(from Line 11(d), page 3)</li> </ol> | 11450.00                      | 17950.00                          |
| <ol> <li>Total Contribution Refunds<br/>(from Line 28(d))</li> </ol>                     | 0.00                          | 0.00                              |
| 5. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33)               | 11450.00                      | 17950.00                          |
| 6. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))►           | 200.00                        | 844.95                            |
| <ol> <li>Offsets to Operating Expenditures<br/>(from Line 15, page 3)</li> </ol>         | 0.00                          | 0.00                              |
| 8. Net Operating Expenditures<br>(subtract Line 37 from Line 36)                         | 200.00                        | 844.95                            |

| SCHEDULE A   | (FEC Form 3X) |
|--------------|---------------|
| ITEMIZED REC | EIPTS         |

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

|                              |   |   | for each category<br>Detailed Summar |         |   | -       |      | 11b      | 11c                              |   | 12      |     | 7 |
|------------------------------|---|---|--------------------------------------|---------|---|---------|------|----------|----------------------------------|---|---------|-----|---|
|                              | y information copied from such Reports and St<br>for commercial purposes, other than using the                        |   |                                      |         |   |         |      |          |                                  |   |         | ons | 7 |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>WEST LOS ANGELES HEALTH  | I PAC - F                               | ederal                               |         |   |         |      |          |                                  |   |         |     |   |
| Α.                           | Full Name (Last, First, Middle Initial)<br>John M Coleman<br>Mailing Address 433 N. Camden Dr., #600                  |   |                                      |         |   | Date of | f Re | ceipt    |                                  |   | )12     | Y   |   |
|                              | City<br>Beverly Hills   | State<br>CA                             | Zip Code<br>90210                    |         |   | Trans   |      | ion ID : | <b>11AI-19</b><br>Receipt th     | 1 |         |     |   |
|                              | FEC ID number of contributing federal political committee.  | С                                       |                                      |         |   |         |      | ,        |                                  |   | 750.    | 00  | ] |
|                              | Name of Employer<br>Coleman Partnership<br>Receipt For: 2012<br>Primary General<br>Other (specify) ▼<br>Calendar Year | Occupation<br>Investments<br>Aggregate  | S<br>Year-to-Date ▼                  | 750.00  |   |         |      |          |                                  |   |         |     |   |
| В.                           | Full Name (Last, First, Middle Initial)<br>Aaron R. Eshman<br>Mailing Address 20 Ocean Park Bvd #7                    |   |                                      |         | _ | Date of | f Re | ceipt    |                                  |   | y<br>12 | Y   |   |
|                              | City<br>Santa Monica<br>FEC ID number of contributing<br>federal political committee.                                 | State<br>CA                             | Zip Code<br>90405                    | ]       | _ |         |      |          | 11AI-198<br>Receipt th           | 3 |         | 00  | ] |
|                              | Name of Employer<br>Morgan Stanley<br>Receipt For: 2012<br>Primary General<br>X Other (specify) ▼<br>Calendar Year    | Occupation<br>Financial Ac<br>Aggregate |                                      | 750.00  |   |         |      |          |                                  |   |         |     |   |
| C.                           | Full Name (Last, First, Middle Initial)<br>Steven C Gordon<br>Mailing Address 9990 S. Santa Monica Blvd.              |   |                                      |         | _ | Date of | f Re | ceipt    |                                  |   | )<br>12 | Y   |   |
|                              | City<br>Beverly Hills<br>FEC ID number of contributing<br>federal political committee.                                | State<br>CA                             | Zip Code<br>90212                    |         | _ | Trans   |      | ion ID : | : <b>11AI-19</b> :<br>Receipt th | 3 |         | 00  | ] |
|                              | Name of Employer<br>Domino Realty<br>Receipt For: 2012<br>Primary General<br>Other (specify) ▼<br>Calendar Year       | Occupation<br>Real Estate<br>Aggregate  | /Investor<br>Year-to-Date ▼          | 1500.00 |   |         |      |          |                                  |   |         |     |   |
| S                            | UBTOTAL of Receipts This Page (optional)  |   |                                      |         |   |         |      |          |                                  |   | 3000.0  | 00  | ī |
|                              | OTAL This Period (last page this line number c  |   |                                      |         |   |         |      | ,        |                                  |   |         |     |   |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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| 11     | EMIZED RECEIPTS   |                        | for each category of the<br>Detailed Summary Page | ×   | 11a<br>13                          | 11b      | 0 11c<br>15        | 12<br>16       | 17     |  |  |  |  |  |  |  |
|--------|---|------------------------|---|-----|------------------------------------|----------|--------------------|----------------|--------|--|--|--|--|--|--|--|
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|        | NAME OF COMMITTEE (In Full)<br>WEST LOS ANGELES HEALTH  | I PAC - F              | Federal   |     |                                    |          |                    |                |        |  |  |  |  |  |  |  |
| Α.     | Full Name (Last, First, Middle Initial)<br>Vera Guerin<br>Mailing Address 8383 Wilshire Blvd. Suite 724 |                        |   | C   | Date of                            | f Receip | ot                 |                |        |  |  |  |  |  |  |  |
|        | City  | State                  | Zip Code  | 41  | 09                                 |          | 25<br>ID : 11AI-19 | 2012           | Ŷ      |  |  |  |  |  |  |  |
|        | Beverly Hills   | CA                     | 90211   |     |                                    |          | h Receipt          |                | 4      |  |  |  |  |  |  |  |
|        | FEC ID number of contributing federal political committee.  | С                      |   |     | inoun                              | ,        |                    |                | 0.00   |  |  |  |  |  |  |  |
|        | Name of Employer  | Occupation             |   | _   |                                    |          |                    |                |        |  |  |  |  |  |  |  |
|        | Self Employed<br>Receipt For: 2012  | Investemer             |   | _   |                                    |          |                    |                |        |  |  |  |  |  |  |  |
|        | Primary General<br>Other (specify) ▼<br>Calendar Year   | Aggregate              | Year-to-Date ▼<br>2500.00                         |     |                                    |          |                    |                |        |  |  |  |  |  |  |  |
| —<br>B | Full Name (Last, First, Middle Initial)<br>John C. Law  |                        |   |     | )ate of                            | f Receir | ot                 |                |        |  |  |  |  |  |  |  |
| 2.     | Mailing Address 514 Palisdes Beach Road   |                        |   |     | Date of Receipt                    |          |                    |                |        |  |  |  |  |  |  |  |
|        | City  | State                  | Zip Code  | 1.1 | Transaction ID : 11AI-190          |          |                    |                |        |  |  |  |  |  |  |  |
|        | Santa Monica  | CA                     | 90402   |     | Amount of Each Receipt this Period |          |                    |                |        |  |  |  |  |  |  |  |
|        | FEC ID number of contributing federal political committee.  | С                      |   |     | 1000.00                            |          |                    |                |        |  |  |  |  |  |  |  |
|        | Name of Employer<br>Warland Investments Company   | Occupation<br>Investor | 1   |     |                                    |          |                    |                |        |  |  |  |  |  |  |  |
|        | Receipt For: 2012<br>Primary General<br>Other (specify) ▼<br>Calendar Year                              | Aggregate              | Year-to-Date ▼<br>2000.00                         |     |                                    |          |                    |                |        |  |  |  |  |  |  |  |
|        | Full Name (Last, First, Middle Initial)<br>Golda Sue Neuman   |                        |   |     | )ate of                            | f Receip | ot                 |                |        |  |  |  |  |  |  |  |
| 0.     | Mailing Address 275 N Deere Park Dr E   |                        |   |     | м м<br>09                          |          | 25                 | _2012          | Y      |  |  |  |  |  |  |  |
|        | City  | State                  | Zip Code  |     | Trans                              | action   | ID : 11AI-19       | <del>)</del> 4 |        |  |  |  |  |  |  |  |
|        | Highland Park   | IL                     | 60035   | A   | mount                              | t of Eac | h Receipt          | his Perio      | d      |  |  |  |  |  |  |  |
|        | FEC ID number of contributing federal political committee.  | С                      |   |     |                                    |          |                    | 50             | 0.00   |  |  |  |  |  |  |  |
|        | Name of Employer  | Occupation             | 1   | -   |                                    |          |                    |                |        |  |  |  |  |  |  |  |
|        | None  | Retired                |   |     |                                    |          |                    |                |        |  |  |  |  |  |  |  |
|        | Receipt For: 2012   | Aggregate              | Year-to-Date ▼                                    |     |                                    |          |                    |                |        |  |  |  |  |  |  |  |
|        | Primary General<br>X Other (specify) ▼<br>Calendar Year   |                        | 500.00  |     |                                    |          |                    |                |        |  |  |  |  |  |  |  |
| s      | UBTOTAL of Receipts This Page (optional)  |                        | •   |     |                                    | 7        |                    | 4000           | 0.00   |  |  |  |  |  |  |  |
| т      | OTAL This Period (last page this line number of   | only)                  | ••••••  | . [ |                                    |          |                    |                |        |  |  |  |  |  |  |  |

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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|            |  |                           | Detailed Summary Page     |   | 11a<br>13   |      | 11k   | >  | 11c                  | $\vdash$ | 12<br>16 | 17  |  |  |  |
|------------|--|---------------------------|---------------------------|---|---|------|-------|----|----------------------|----------|----------|-----|--|--|--|
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|            | NAME OF COMMITTEE (In Full)<br>WEST LOS ANGELES HEALTH                                       |                           |                           |   |   |      | Julio |    | on suc               |          |          |     |  |  |  |
| <b>A</b> . | Full Name (Last, First, Middle Initial)<br>Steven B Nichols<br>Mailing Address P.O. Box 6526 |                           |                           |   | Date o  |      |       | D  | / Y                  |          | Y        | Y   |  |  |  |
|            | City<br>Malibu   | State<br>CA               | Zip Code<br>90264         |   |   |      |       |    | 11AI-19              | 5        | 012      |     |  |  |  |
|            | FEC ID number of contributing federal political committee.                                   | С                         |                           |   | Amoun   |      | ,     |    | eceipt th            |          | 2000.    | 00  |  |  |  |
|            | Name of Employer<br>K-Swiss Inc.<br>Receipt For: 2012  | Occupation<br>Chief Exect |                           |   |   |      |       |    |                      |          |          |     |  |  |  |
|            | Primary General<br>→ Other (specify) ▼<br>Calendar Year                                      | Aggregate                 | Year-to-Date ▼<br>2000.00 | 1 |   |      |       |    |                      |          |          |     |  |  |  |
| B.         | Full Name (Last, First, Middle Initial)<br>Marc H. Rapaport                                  |                           |                           |   | Date o  | f Re | eceip | ot |                      |          |          |     |  |  |  |
|            | Mailing Address 11625 Moraga Ln  | Ctoto                     | Zin Code                  |   | 09 25 2012<br>Transaction ID : 11AI-196<br>Amount of Each Receipt this Period |      |       |    |                      |          |          |     |  |  |  |
|            | City<br>Los Angeles  | State<br>CA               | Zip Code<br>90049         |   |   |      |       |    |                      |          |          |     |  |  |  |
|            | FEC ID number of contributing federal political committee.                                   | С                         |                           |   | anoun   |      |       |    | , eccipt u           |          | 750.     | 00  |  |  |  |
|            | Name of Employer<br>None   | Occupation<br>Retired     |                           |   |   |      |       |    |                      |          |          |     |  |  |  |
|            | Receipt For: 2012<br>Primary General<br>X Other (specify) ▼<br>Calendar Year                 | Aggregate                 | Year-to-Date ▼<br>750.00  |   |   |      |       |    |                      |          |          |     |  |  |  |
| с.         | Full Name (Last, First, Middle Initial)<br>Thomas R Weinberger                               |                           |                           |   | Date o  | f Re | eceip | ot |                      |          |          |     |  |  |  |
|            | Mailing Address 229 N Saltar Ave.  |                           |                           |   | м м<br>09   | /    | D     | 25 | / Y                  |          | ү<br>012 | Y   |  |  |  |
|            | City<br>Los Angeles  | State<br>CA               | Zip Code<br>90049         |   |   |      |       |    | 11AI-19<br>eceipt th |          | Period   |     |  |  |  |
|            | FEC ID number of contributing federal political committee.                                   | С                         |                           |   |   |      | 7     |    | ,                    | _        | 1000.    | 00  |  |  |  |
|            | Name of Employer   | Occupation                |                           |   |   |      |       |    |                      |          |          |     |  |  |  |
|            | None   | Retired                   |                           |   |   |      |       |    |                      |          |          |     |  |  |  |
|            | Receipt For: 2012<br>Primary General<br>X Other (specify) ▼                                  | Aggregate                 | Year-to-Date ▼<br>1000.00 |   |   |      |       |    |                      |          |          |     |  |  |  |
| _          | Calendar Year  |                           | 7 7 7                     |   |   |      |       |    |                      |          |          |     |  |  |  |
| s          | UBTOTAL of Receipts This Page (optional)   |                           |                           | • |   |      | 7     |    |                      | _        | 3750.0   | 00  |  |  |  |
| Т          | OTAL This Period (last page this line number   | only)                     |                           |   |   |      | ,     |    |                      |          |          |     |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
|--------------|---------------|
| ITEMIZED REC | EIPTS         |

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 9 OF

| 11         | EMIZED RECEIPTS   |             | for each category of the<br>Detailed Summary Page |   | < 11a<br>13                        |       | -   | 1b<br>4    |     | 11c       |       | 12     |     | ]17     |  |  |
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|            | ny information copied from such Reports and S for commercial purposes, other than using the         |             |   |   | for the                            |       | po  | se of      |     |           |       |        |     | 17<br>6 |  |  |
|            | NAME OF COMMITTEE (In Full)<br>WEST LOS ANGELES HEALTH  | H PAC - F   | ederal  |   |                                    |       |     |            |     |           |       |        |     |         |  |  |
| Α.         | Full Name (Last, First, Middle Initial)<br>Sanford B. Weiss<br>Mailing Address 1226 Hilldale Avenue |             |   |   | Date c                             |       | ece | eipt<br>28 |     | / Y       |       | 012    | Y   |         |  |  |
|            | City  | State       | Zip Code  |   |                                    | sact  | io  |            |     | AI-19     |       |        |     |         |  |  |
|            | Los Angeles   | CA          | 90069   | _ | Amour                              | nt of | E   | ach F      | Rec | eipt th   | nis F | 'eriod |     |         |  |  |
|            | FEC ID number of contributing federal political committee.  | С           |   |   |                                    |       | ,   |            | _   | 7         |       | 500    | .00 |         |  |  |
|            | Name of Employer  | Occupation  |   |   |                                    |       |     |            |     |           |       |        |     |         |  |  |
|            | DSI Corporation   | Real Estate | Investor  |   |                                    |       |     |            |     |           |       |        |     |         |  |  |
|            | Receipt For: 2012<br>Primary General<br>Other (specify) ▼<br>Calendar Year                          | Aggregate   | Year-to-Date ▼<br>500.00                          |   |                                    |       |     |            |     |           |       |        |     |         |  |  |
| В.         | Full Name (Last, First, Middle Initial)   |             |   |   | Date c                             | of Re | 206 | eipt       |     |           |       |        |     |         |  |  |
| 2.         | Mailing Address   |             |   |   | M                                  | /     |     |            | D   | / Y       | Y     | Y      | Y   |         |  |  |
|            | City  | State       | Zip Code  |   | Amount of Each Receipt this Period |       |     |            |     |           |       |        |     |         |  |  |
|            | FEC ID number of contributing federal political committee.  | С           |   |   |                                    |       |     |            |     |           |       |        |     |         |  |  |
|            | Name of Employer  | Occupation  |   |   |                                    |       |     |            |     |           |       |        |     |         |  |  |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼                                    |   |                                    |       |     |            |     |           |       |        |     |         |  |  |
| <u>с</u> . | Full Name (Last, First, Middle Initial)   |             |   |   | Date c                             | of Re | 206 | eint       |     |           |       |        |     |         |  |  |
| 0.         | Mailing Address   |             |   |   | M                                  |       |     | D          | D   | / Y       | Y     | Y      | Y   |         |  |  |
|            | City  | State       | Zip Code  |   | Amour                              | at of |     | ach [      | Boo | oint th   | nie E | Poriod |     |         |  |  |
|            | FEC ID number of contributing federal political committee.  | С           |   |   |                                    |       |     |            |     | , eipt ti | II5 F | enou   |     |         |  |  |
|            | Name of Employer  | Occupation  |   |   |                                    |       |     |            |     |           |       |        |     |         |  |  |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼                                    |   |                                    |       |     |            |     |           |       |        |     |         |  |  |
| s          | UBTOTAL of Receipts This Page (optional)  |             | •   |   |                                    |       |     |            |     | -         |       | 500.   | 00  |         |  |  |
| Т          | OTAL This Period (last page this line number  | only)       |   | - | <b>—</b>                           |       | ,   |            | _   | ,         | 1     | 1250.  | 00  |         |  |  |

| ITEMIZED DISBORSEMENTS       for each category of the Detailed Summary Page       Itex of nin Unity Offer, 22 23 28 28 28 28 28 28 28 28 28 28 28 28 28  | SCHEDULE B (FEC Form 3X)<br>ITEMIZED DISBURSEMENTS |   |   |       | FOR LINE NUMBER: PAGE 10 OF 11 |         |   |   |                      |           |      |        |         |     |  |  |
|--|--|---|---|-------|--------------------------------|---------|---|---|----------------------|-----------|------|--------|---------|-----|--|--|
| Detailed Summary Page         20         30           Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of the norma and address of any polical committee committee.         NAME CF COMMITTEE (in Full)         Name Char, First, Middle Initial)         Date of Disbursement           A. David L. Gould Company         State         Zip Code   |  |   | Use separate schedule(s) for each category of the | (cl   |                                |         | one)                                    |   |                      |           |      |        |         |     |  |  |
| Any information copied from such Reports and Statements may not be sold or used by any perion for the purpose of seliciting contributions from such committee.         NAME: OF COMMITTEE (in Full)         WEST LOS ANGELES HEALTH PAC - Federal         Full Name (Last, First, Middle Initial)         A. David L. Gould Company         Mailing Address         City         Purpose of Diabursement         PAC Management/Political Reporting Services         Candidate Name         Category/         Office Sought         Humme (Last, First, Middle Initial)         B.         Purpose of Diabursement         President         Date of Diabursement         President         Date of Diabursement         Purpose of Diabursement         Purpose of Diabursement         Purpose of Diabursement         Purpose of Diabursement         B.         Date of Diabursement         City         State         Diator         Diator         Diator         City         State         Diator         Diator         Diator         Diator         Diator         Diator  |  |   |   |       |                                |         |   | -                                       |                      |           | L    |        |         |     |  |  |
| NAME OF COMMITTEE (in Full)         WEST LOS ANGELES HEALTH PAC - Federal         Full Name (Last, First, Middle Initial)         A. David L. Gould Company         Mailing Address 3700 Wilshire Bivd., Ste.1050-8         City       State         Purpose of Disbursement         PACK Management/Pack Manag  |  |   |   |       |                                | / persc | n for the                               |   | pose d               | of solici | ting | contri | butior  | IS  |  |  |
| WEST LOS ANGELES HEALTH PAC - Federal         Full Name (Last, First, Middle Initial)         A David L. Gould Company         Mailing Address 3700 Wilshire Blvd., Ste 1050-8         City       State         PAC Management/Policial Reporting Services         Cardidate Name       Category         Office Sought:       House         Perpose of Disbursement       Disbursement For:         Propose of Disbursement       Disbursement For:         Propose of Disbursement       Other (spacify)         Office Sought:       House         Disbursement       Disbursement For:         Propose of Disbursement       Other (spacify)         State:       District:         Purpose of Disbursement       Category         Office Sought:       House         Disbursement       Category         Vifice Sought:       House         Disbursement       Category         Office Sought:       House         Disbursement       Category         Office Sought:       House         Disbursement       Category         Office Sought:       House         Disbursement For:       Category         Office Sought:       House         Disbursem   | or   |   | he and address of any politica                    | I CON | nmit                           | ttee to | SOUCIT COL                              | ntric                                   | outions              | s from s  | ucn  | comn   | nittee. |     |  |  |
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| A. David L. Gould Company       Date of Diabursement         Mailing Address 3700 Witshire Bivd., Ste. 1050-B       001         City       State       Zip Code         Purpose of Disbursement       President         President       Disbursement       Amount of Each Disbursement         President       Disbursement       Primary         Office Sought:       House       Disbursement For:         B.       Diate of Disbursement         Mailing Address       City         State:       Disbursement         Office Sought:       House         Disbursement       Category/         Virpose of Disbursement       Category/         Office Sought:       House         Disbursement For:       General         Office Sought:       House         Disbursement For:       General         Office Sought:       House         Disbursement For:       Amount of Each Disbursement his Period         City </td <td></td> <td>Full Name (Last First Middle Initial)</td> <td></td>  |  | Full Name (Last First Middle Initial)                 |   |       |                                |         |   |   |                      |           |      |        |         |     |  |  |
| Mailing Address 3700 Wilshire Bivd., Ste. 1050-B       00         City       State       Zip Code         Los Angeles       CA       90010         Parpose of Disbursement       Perpose of Disbursement       Transaction ID : 21B-137         Amount of Each Disbursement       Category/<br>Type       Amount of Each Disbursement his Period         Candidate Name       Other (specify) ▼       Amount of Each Disbursement         State:       Disbursement For:       Other (specify) ▼         Purpose of Disbursement       Other (specify) ▼       Amount of Each Disbursement this Period         Rull Name (Last, First, Middle Initial)       Date of Disbursement       Amount of Each Disbursement this Period         City       State       Zip Code       Amount of Each Disbursement this Period         Cadidate Name       Other (specify) ▼       General       Other (specify) ▼         Office Sought:       House       Disbursement For:       Date of Disbursement this Period         State:       Disbursement For:       Other (specify) ▼       General       Other (specify) ▼         Full Name (Last, First, Middle Initial)       Date of Disbursement       Amount of Each Disbursement this Period         City       State       Disbursement For:       Amount of Each Disbursement this Period         Mailing Address   | Α.   |   |   |       |                                |         | Date of Disbursement                    |   |                      |           |      |        |         |     |  |  |
| City       State       Zip Code         CA       90010       Transaction ID: 21B-137         Purpose of Disbursement       Category/<br>Type       Amount of Each Disbursement this Period         Candidate Name       Other (specify)       General         Office Sought:       President       Other (specify)         President       Other (specify)       State         Purpose of Disbursement       Category/<br>Type       Amount of Each Disbursement         Mailing Address       Other (specify)       Amount of Each Disbursement         City       State       Zip Code         Purpose of Disbursement       Category/<br>Type       Amount of Each Disbursement this Period         Cating Address       Other (specify)       Senate         Purpose of Disbursement       Other (specify)       Senate         President       Disbursement for:       Other (specify)         State:       District:       Disbursement for:         President       Other (specify)       State       Zip Code         Purpose of Disbursement       Category/<br>Category       Amount of Each Disbursement this Period         Griftict:       District:       District:       Amount of Each Disbursement this Period         City       State       Zip Code       Amo  |  |   |   |       |                                |         |   |   |                      |           |      |        |         |     |  |  |
| Los Angeles CA 90010   Purpose of Disbursement Category/<br>Type   Office Sought: House   President Disbursement   State: Disbursement   Office Sought: House   President Disbursement   City State   District: President   Office Sought: House   Disbursement Category/<br>Type   Date of Disbursement this Period Amount of Each Disbursement this Period Category/<br>Type Office Sought: House Disbursement Category/<br>Type Office Sought: House Disbursement Category/<br>Type Office Sought: House Disbursement For: Senate Primary Category/<br>Type Office Sought: House Disbursement For: Senate Disbursement Category/<br>Type Office Sought: House Disbursement Category/<br>Type Office Sought: House Disbursement Category/<br>Type Office Sought: House Disbursement Disbursement Category/<br>Type Office Sought: House Disbursement Category/<br>Type Office Sought: House Disbursement Category/<br>Type Office Sought: House Disbursement Disbursement Category/<br>Type Office Sought: House Disbursement For: Disbursement Category/<br>Type Office Sought: House Disbursement For: Disbursement For: Office Sought: House D  |  | Mailing Address 3700 Wilshire Blvd., Ste.1050-B       |   |       |                                |         | 07                                      | 1                                       | 0                    | 5         |      | 2012   | -       |     |  |  |
| Purpose of Disbursement<br>PAC Management/Political Reporting Services       001         Candidate Name       001         Office Sought:       House<br>President         State:       Disbursement For:<br>District:         Full Name (Last, First, Middle Initial)       Date of Disbursement         Mailing Address       City         City       State         Purpose of Disbursement       Disbursement For:<br>District:         Grifice Sought:       House<br>Purpose of Disbursement         Candidate Name       Disbursement For:<br>Disbursement         Candidate Name       Disbursement For:<br>Disbursement         Candidate Name       Disbursement For:<br>Disbursement         Candidate Name       Disbursement For:<br>Disbursement         Candidate Name       Disbursement For:<br>District         City       State         District       Date of Disbursement         Mailing Address       City         City       State         City       State         District       Disbursement For:<br>District         Candidate Name       Category/<br>Category/<br>Type         City       State         District       Disbursement For:<br>District         Senate       Disbursement For:<br>District         District <td< td=""><td></td><td colspan="6"></td><td colspan="7">Transaction ID : 21B-137</td></td<>  |  |   |   |       |                                |         |   | Transaction ID : 21B-137                |                      |           |      |        |         |     |  |  |
| Candidate Name       Category/<br>Type       Cate  |  |   |   |       |                                |         |   |   |                      |           |      |        |         |     |  |  |
| Office Sought: House   Disbursement For:   President   District:   Full Name (Last, First, Middle Initial)   B.   Mailing Address   City   State:   Disbursement   Office Sought:   House   Disbursement For:   President   Candidate Name   Office Sought:   House   Disbursement For:   President   Office Sought:   House   Disbursement   City   State:   Disbursement   City   State:   Disbursement For:   Senate   President   Office Sought:   House   Disbursement For:   Category/   Type   Amount of Each Disbursement this Period   Category/   Type   Mailing Address   City   State:   Disbursement For:   Senate   President   Disbursement For:   Senate   President   O   |  |   |   |       |                                |         |   | Amount of Each Disbursement this Period |                      |           |      |        |         |     |  |  |
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| Mailing Address         City       State       Zip Code         Purpose of Disbursement       Amount of Each Disbursement this Period         Candidate Name       Category/<br>Type       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:<br>President       Amount of Each Disbursement this Period         State:       District:       Other (specify) ▼       Date of Disbursement         City       State       Zip Code         Purpose of Disbursement       Category/<br>City       Y Y Y Y Y         City       State       Zip Code         Purpose of Disbursement       Category/<br>Type       Y Y Y Y         Office Sought:       House       Disbursement For:<br>Disbursement For:<br>Senate       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:<br>Disbursement For:<br>Disbursement Strict:       Amount of Each Disbursement this Period         State:       Disbursements This Page (optional)   | В.   |   |   |       |                                |         |   |   |                      |           |      |        |         |     |  |  |
| City State Zip Code   Purpose of Disbursement Category/   Candidate Name Category/   Office Sought: House   Benate Disbursement For:   State: District:   Disbursement For: State: Disbursement For: Cty State Zip Code Purpose of Disbursement City State Zip Code Purpose of Disbursement Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: Disbursement For: Category/ Type Disbursement For: Category/ Type Disbursement For: Category/ Type Office Sought: Disbursement For: Senate President Other (specify)  State: Disbursement For: Senate President Other (specify)  State: Disbursement For: Senate President Other (specify)  State: Disbursements This Page (optional)  |  | Mailing Address                                       |   |       |                                |         |   |   |                      |           |      |        |         |     |  |  |
| Purpose of Disbursement       Amount of Each Disbursement this Period         Candidate Name       Disbursement For:         State:       District:         Full Name (Last, First, Middle Initial)       Other (specify) ▼         City       State         Purpose of Disbursement       Disbursement For:         City       State         Purpose of Disbursement       Category/         City       State         Disbursement       Category/         Category/       Y         Office Sought:       House         Purpose of Disbursement       Amount of Each Disbursement this Period         Category/       Y         Virgose of Disbursement       Category/         Candidate Name       Disbursement For:         Senate       Disbursement For:         President       Disbursement For:         President       Other (specify) ▼         State:       Disbursements This Page (optional)   |  |   |   |       |                                |         |   |   |                      |           |      |        |         |     |  |  |
| Candidate Name Category/<br>Type   Office Sought: House   Senate Prisident   President Other (specify) ▼     State: Disbursement For:   President Other (specify) ▼     Date of Disbursement   City State     Purpose of Disbursement   Candidate Name   Candidate Name   City   State:   Disbursement   Candidate Name   City   State   Disbursement   Candidate Name   Disbursement For:   Senate   Primary   General   Other (specify) ▼   Subbrotal of Disbursements This Page (optional)   |  | City  | State Zip Code                                    |       |                                |         |   |   |                      |           |      |        |         |     |  |  |
| Candidate Name       Category/<br>Type         Office Sought:       House         Senate       Primary         General       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)       Date of Disbursement         C.       Mailing Address         City       State         Purpose of Disbursement       Category/<br>Type         Office Sought:       House         Disbursement For:       Category/<br>Type         Office Sought:       House         Disbursement For:       Category/<br>Type         Office Sought:       House         Disbursement For:       Senate         President       Disbursement For:         State:       Disbursements This Page (optional)   |  | Purpose of Disbursement                               |   |       |                                |         | -                                       |   |                      |           |      |        |         |     |  |  |
| Office Sought:       House       Disbursement For:         Senate       Primary       General         President       Other (specify) ▼         State:       District:         Full Name (Last, First, Middle Initial)       Date of Disbursement         C.       Mailing Address         City       State         City       State         Purpose of Disbursement       Category/         Office Sought:       House         Disbursement       Category/         Office Sought:       House         Disbursement       Category/         Office Sought:       House         Disbursement For:       Senate         Senate       Primary         Office Sought:       House         Disbursement For:       Senate         President       Other (specify) ▼         State:       District:         Substrotal of Disbursements This Page (optional)  |  | Candidate Name  |   |       |                                |         | Amount of Each Disbursement this Period |   |                      |           |      |        | iod     |     |  |  |
| Office Sought:       House       Disbursement For:         Senate       President       Other (specify) ▼         Full Name (Last, First, Middle Initial)       Date of Disbursement         C.       Date of Disbursement         Mailing Address       Disbursement         City       State       Zip Code         Purpose of Disbursement       Category/<br>Type       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:         Senate       Primary       General         Office Sought:       House       Disbursement For:         Senate       Primary       General         Office Sought:       House       Disbursement For:         State:       District:       Other (specify) ▼         State:       District:       Quitor (specify) ▼  |  | Candidate Name  |   |       |                                |         |   |   |                      |           |      |        |         |     |  |  |
| State:       District:         Full Name (Last, First, Middle Initial)       Date of Disbursement         Mailing Address       Image: City State Zip Code         Purpose of Disbursement       Image: City State Zip Code         Purpose of Disbursement       Image: City Search         Candidate Name       Disbursement For:         Senate       Primary         Gotter (specify) ▼         State:       Disbursements This Page (optional)  |  | Office Sought: House Disburser                        | nent For:   |       | ,,                             |         |   |   | ,                    |           |      |        |         |     |  |  |
| State:       District:         Full Name (Last, First, Middle Initial)       Date of Disbursement         Mailing Address       Image: Mailing Address         City       State       Zip Code         Purpose of Disbursement       Image: Address         Candidate Name       Category/<br>Type         Office Sought:       House       Disbursement For:         Senate       Primary       General         Other (specify)       ✓         State:       District:  |  |   |   |       |                                |         |   |   |                      |           |      |        |         |     |  |  |
| C.       Date of Disbursement         Mailing Address       Image: City         City       State       Zip Code         Purpose of Disbursement       Image: City Category/<br>Type       Amount of Each Disbursement this Period         Candidate Name       Category/<br>Type       Category/<br>Type         Office Sought:       House       Disbursement For:         Senate       Primary       General         Other (specify)       Image: City         SUBTOTAL of Disbursements This Page (optional)  |  |   | Other (specify)                                   |       |                                |         |   |   |                      |           |      |        |         |     |  |  |
| Mailing Address   City   State   Zip Code   Purpose of Disbursement   Candidate Name   Candidate Name   Candidate Name   Candidate Name   Office Sought:   House   Disbursement For:   Senate   Primary   General   Other (specify)     SUBTOTAL of Disbursements This Page (optional)   | _  | Full Name (Last, First, Middle Initial)               |   |       |                                |         |   |   |                      |           |      |        |         |     |  |  |
| Mailing Address         City       State       Zip Code         Purpose of Disbursement       Amount of Each Disbursement this Period         Candidate Name       Category/<br>Type         Office Sought:       House       Disbursement For:         Senate       Primary       General         President       Other (specify)       ✓         SubtrotaL of Disbursements This Page (optional)   | C.   |   |   |       |                                |         |   |   | Date of Disbursement |           |      |        |         |     |  |  |
| Purpose of Disbursement       Amount of Each Disbursement this Period         Candidate Name       Category/<br>Type         Office Sought:       House         Senate       Primary         President       Other (specify)         State:       Disbursements This Page (optional)   |  | Mailing Address                                       |   |       |                                |         |   | /                                       | D                    | D /       | Ŷ    | YY     | Y       |     |  |  |
| Candidate Name   Candidate Name   Candidate Name   Office Sought:   House   Disbursement For:   Senate   President   Other (specify)    Subtrotal of Disbursements This Page (optional)  |  | City State Zip Code                                   |   |       |                                |         |   |   |                      |           |      |        |         |     |  |  |
| Candidate Name   Candidate Name   Candidate Name   Office Sought:   House   Disbursement For:   Senate   President   Other (specify)    Subtrotal of Disbursements This Page (optional)  |  |   |   |       |                                |         |   |   |                      |           |      |        |         |     |  |  |
| Office Sought:       House       Disbursement For:         Senate       Primary       General         President       Other (specify)       ✓         State:       Disbursements This Page (optional)  |  |   |   |       |                                |         |   | t of                                    | Each                 | Disburs   | seme | nt thi | s Per   | iod |  |  |
| Office Sought:       House       Disbursement For:         Senate       Primary       General         President       Other (specify)       ✓         State:       District:       200.00         SUBTOTAL of Disbursements This Page (optional)   |  | Candidate Name  |   |       |                                |         |   |   |                      |           | -    |        |         |     |  |  |
| State:       District:         SUBTOTAL of Disbursements This Page (optional)  |  | Office Sought: House Disburser                        | nent For:   | .,    |                                |         |   |   | 7                    |           |      |        |         |     |  |  |
| State:     District:       SUBTOTAL of Disbursements This Page (optional)  |  |   |   |       |                                |         |   |   |                      |           |      |        |         |     |  |  |
|  |  |   | Other (specify)                                   |       |                                |         |   |   |                      |           |      |        |         |     |  |  |
|  |  | I   |   |       |                                |         | _                                       | -                                       | -                    |           | _    | -      | -       |     |  |  |
| TOTAL This Period (last page this line number only).   | s  | <b>CUBTOTAL</b> of Disbursements This Page (optional) |   |       |                                |         |   |   | 7                    |           |      | 2      | 00.00   |     |  |  |
|  | <b>_</b> _   | OTAL This Period (last page this line number only)    |   |       |                                |         |   |   |                      |           |      | 2      | 00.00   |     |  |  |

| SCHEDULE B (FEC Form 3X)   |   | FOR LINE          | NUMBER PAGE 11 OF 11                           |  |  |  |  |  |  |  |
|--|---|-------------------|--|--|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS   | Use separate schedule(s) for each category of the                   | (check only       | / one)   |  |  |  |  |  |  |  |
|  | Detailed Summary Page   | 21b               | 22 X 23 24 25 26<br>28a 28b 28c 29 30b         |  |  |  |  |  |  |  |
| Any information copied from such Reports and S<br>or for commercial purposes, other than using the | atements may not be sold or use<br>name and address of any politica | ed by any perso   | on for the purpose of soliciting contributions |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  |   |                   |  |  |  |  |  |  |  |  |
| VEST LOS ANGELES HEALTH  | I PAC - Federal   |                   |  |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  | Date of Disbursement  |                   |  |  |  |  |  |  |  |  |
| A. Berman for Congress   |   |                   |  |  |  |  |  |  |  |  |
| Mailing Address 1132 6th Street, NW #2   | 08 30 2012  |                   |  |  |  |  |  |  |  |  |
| City   | State Zip Code<br>DC 20001  |                   | Transaction ID : 23-139                        |  |  |  |  |  |  |  |
| Washington<br>Purpose of Disbursement  | DC 20001  |                   |  |  |  |  |  |  |  |  |
| Political Contribution   |   | 011               | Amount of Each Disbursement this Period        |  |  |  |  |  |  |  |
| Candidate Name   |   | Category/         | 1000.00  |  |  |  |  |  |  |  |
| Howard L Berman  | Irsement For: 2012  | Туре              | 1000.00  |  |  |  |  |  |  |  |
| Senate<br>President  | Primary General<br>Other (specify)                                  |                   |  |  |  |  |  |  |  |  |
| State: CA District: 30   |   |                   |  |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>B.  | Date of Disbursement  |                   |  |  |  |  |  |  |  |  |
| D.   |   |                   |  |  |  |  |  |  |  |  |
| Mailing Address  |   |                   |  |  |  |  |  |  |  |  |
| City   | State Zip Code  |                   |  |  |  |  |  |  |  |  |
| Purpose of Disbursement  |   |                   |  |  |  |  |  |  |  |  |
| Candidate Name   |   |                   | Amount of Each Disbursement this Period        |  |  |  |  |  |  |  |
|  | Category/<br>Type   |                   |  |  |  |  |  |  |  |  |
| Office Sought: House Disbu<br>Senate President   | rsement For:<br>Primary General<br>Other (specify) ▼                |                   |  |  |  |  |  |  |  |  |
| State: District:   |   |                   |  |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  | Date of Disbursement  |                   |  |  |  |  |  |  |  |  |
| Mailing Address  |   |                   |  |  |  |  |  |  |  |  |
| City   | State Zip Code  |                   |  |  |  |  |  |  |  |  |
| Purpose of Disbursement  | Amount of Fook Diskurgement this Deviad                             |                   |  |  |  |  |  |  |  |  |
| Candidate Name   |   | Category/<br>Type | Amount of Each Disbursement this Period        |  |  |  |  |  |  |  |
| Office Sought: House Disbu<br>Senate President<br>State: District:                                 | rsement For:<br>Primary General<br>Other (specify) ▼                |                   |  |  |  |  |  |  |  |  |
| Bidliot.   |   |                   |  |  |  |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (option  | al)   | ••••••            | 1000.00  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line number  | only)   | •••••• •          | 1000.00  |  |  |  |  |  |  |  |