

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 11 25 2008 through 12 31 2008

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 L. GOULD

Signature of Treasurer Electronically Filed by DAVID L. GOULD Date 01 29 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
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		10652.00
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	4256.41									
(c) Total Receipts (from Line 19)	2100.00	6104.41								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6356.41	16756.41								
7. Total Disbursements (from Line 31)	2045.76	12445.76								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4310.65	4310.65								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

WEST LOS ANGELES HEALTH PAC - Federal

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	2000.00	6000.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	100.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2100.00	6100.00
(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)	2100.00	6100.00
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	4.41
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))	2100.00	6104.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2100.00	6104.41

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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.....	2045.76	2045.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2045.76	2045.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	10400.00
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))..	2045.76	12445.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2045.76	12445.76

DETAILED SUMMARY PAGE
of Disbursements

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)	2100.00	6100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2100.00	6100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2045.76	2045.76
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2045.76	2045.76

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 8
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Marilyn Gilfenbain

Mailing Address 425 Martin Ln

City State Zip Code
Beverly Hills CA 90210

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 5 / 2 0 0 8

Transaction ID: 11ai-122

Amount of Each Receipt this Period
500.00

B. 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 Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 5 / 2 0 0 8

Transaction ID: 11ai-121

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 None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 5 / 2 0 0 8

Transaction ID: 11ai-120

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 7 / 8
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Judith Carroll Survivor's Trust

Mailing Address 10580 Wilshire Blvd. #84

City State Zip Code
Los Angeles CA 90024

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

Name of Employer Occupation

Receipt For: 0" 9
 Primary General
 Other (specify) **Calendar Year**

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2008

Transaction ID: 11ai-139-P

Amount of Each Receipt this Period
500.00

See attribution below.

B. Full Name (Last, First, Middle Initial)
Judith Carroll

Mailing Address 10580 Wilshire Blvd # 84

City State Zip Code
Los Angeles CA 90024

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

Name of Employer Occupation
None Homemaker

Receipt For: 2008
 Primary General
 Other (specify) **Calendar Year**

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2008

Transaction ID: 11ai-123-PA

Amount of Each Receipt this Period
500.00

[MEMO ITEM]
Partnership Attribution

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	2000.00

**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	Transaction ID: 21b-71 Date of Disbursement
	Mailing Address 555 S. Flower Street Suite 4210	<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City Los Angeles State CA Zip Code 90071	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Reporting Services Candidate Name	<input type="text" value="1400.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Statecraft, Inc.	Transaction ID: 21b-73-S Date of Disbursement
	Mailing Address 8618 Nottingham Pl.	<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City La Jolla State CA Zip Code 92037-2126	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Reporting Software Candidate Name	<input type="text" value="583.31"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] SUBVENDOR to David L. Gould Company
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) David L. Gould Company	Transaction ID: 21b-72 Date of Disbursement
	Mailing Address 555 S. Flower Street Suite 4210	<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Los Angeles State CA Zip Code 90071	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expenses Candidate Name	<input type="text" value="645.76"/>
	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) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2045.76"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2045.76"/>