## 2018:04:10:08:00201569

FEC FORM

## STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

FORM 1	ORGANIZA	ATION	2018 APR 10 A	M 10: 21 Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
WESTSIDE DEMOCRATIC	HQ FEDERAL			
ADDRESS (number and stre	et) 249 E. OCEAN BLVD. SU	ITE 685		
(Check if addres is changed)	s Liliani			
	CITY A		CA STATE ▲	90802
COMMITTEE'S E-MAIL AD	DRESS			•
(Check if addres is changed)	dlgould@gouldorellana	cpm;		
	Optional Second E-Mail Add	dress		
COMMITTEE'S WEB PAGE	E ADDRESS (URL)			
(Check if addres is changed)	www.westsidedemhq.prg			
2. DATE 04	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			•
3. FEC IDENTIFICATIO	N NUMBER ▶ C cos	067,359,0		*
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examin	ed this Statement and to the best	of my knowledge and belief	it is true, correct ar	nd complete.
Type or Print Name of Trea	asurerDavid L. Gould		<del></del>	
Signature of Treasurer			Date 04	04 2018
NOTE: Submission of false, of	erroneous, or incomplete information in			ne penalties of 52 U.S.C. §30109.
Office Use Only		For further information Federal Election Commit Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1

	FEC Fo	orm 1	Page 2					
		COMMITTEE						
	<b>~</b>	e Committee:						
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)						
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidațe					
	ame of andidate							
	andidate arty Affiliat	Office Sought: House Senate President	State					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	ame of andidate							
Pa	arty Cor	mmittee:						
(d)			Democratic, Republican, etc.) Party.					
Po	olitical A	Action Committee (PAC):						
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a					
		Corporation Corporation w/o Capital Stock	Labor Organization					
		Membership Organization Trade Association	Cooperative					
		In addition, this committee is a Lobbyist/Registrant PAC.						
<b>(f)</b>	х	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or party					
		In addition, this committee is a Lobbyist/Registrant PAC.						
	<del></del>	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Jo	int Fund	draising Representative:						
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political					
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political					
	Com	nmittees Participating in Joint Fundraiser						
	1.	FEC ID number						
	2.	FEC ID number C						
	3.	FEC ID number						
	4.	FEC ID number C						
			·					

FEC Form 1		Page 3
Write or Type Committee Name	ERAL	
6. Name of Any Connected Or	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
None	<u>, , , , , , , , , , , , , , , , , , , </u>	
Mailing Address		
	CITY STATE ZIF	CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leade	rship PAC Sponso
. Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the person in posses	ssion of committee
Full Name DAVID L.	GOULD	<u>                                     </u>
Mailing Address	249 E. OCEAN BLVD. SUITE 685	
	LONG BEACH CA 90802	
Title or Position	CITY STATE ZIF	CODE
Custodian of Records		
3. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the name ssistant treasurer).	and address of
Full Name DAVID L.		
Mailing Address	249 E. OCEAN BLVD. SUITE 685	
	LONG BEACH , (CA , 190802	
		CODE
Title or Position Treasurer	Telephone number 213 - 489	- <mark>  4792</mark>   -

FEC Form 1			Page 4
Full Name of Designated Agent INGR	ID ORELLANA	<u>                                      </u>	
Mailing Address	249 E. OCEAN BLVD. SUITE 685		
	LONG BEACH CITY	CA STATE	90802 ZIP CODE
Title or Position Assistant Treasur	rer Tele	ephone number $\begin{bmatrix} 213 \\ 1 \end{bmatrix}$	
safety deposit boxes or		he committee deposits fund	ds, holds accounts, rents
Name of Bank, Deposit	tory, etc.		
CA E	Bank & Trust		
Mailing Address	550 S Hope St #100		
	Los Angeles	CA CA	90071     -
	CITY	STATE	ZIP CODE
Name of Bank, Deposit	tory, etc.		
ـــــــ	<del>!                                      </del>	<u> </u>	
Mailing Address		<u> </u>	
		<u></u>	
		ا لـا لـــ	
	CITY	STATE	ZIP CODE

	1 (Revise	d 2/2009)												F	Page 4	
Full Name of Designated Agent	MELISSA	GRANT -	CO CHAI	[R			<u> </u>		1			11		1.1	_1	
Mailing Address		1385 P	alisade	s Dr.					<u> </u>		1.1	<u> </u>		1 1	_1.1	
		لـــــــــــــــــــــــــــــــــــــ		<u></u>	1 !				<u> </u>	1 1	1_1_	_1_1		1 1		
		Pacifi	c Palis	ades		1 1		<u> </u>	}	CA	_	90:	272 		-	ı
				CI	TY				-	STATE	_			ZIP CO	DDE	
Title or Position	easurer	· · · ·	<del>       </del>				Tele	phone	numi	oer	310	⊥_].	-   84	9	- 357	_ 1_
	Denosiun	162' FISE GO										,			,	5
safety deposit b		ntains fund	5.	, other t	, i i i											5
safety deposit be Name of Bank,	oxes or mai	ntains fund	5. 	1 1 1	.     _	l_l_	<del>-  -  </del> -	<del>                                     </del>	<u>l. l</u> .	<u> </u>	<u> </u>			<u> </u>		
safety deposit be	oxes or mai	ntains fund	5. 			l_l	<u> </u>	<del>   -</del>		1 1	<u> </u>					
safety deposit be Name of Bank,	oxes or mai	ntains fund	5.				<u> </u>	<u> </u>	<u> </u>			-ll -ll -ll				
safety deposit be Name of Bank,	oxes or mai	ntains fund	S. S. L.				-			STATE						
safety deposit be Name of Bank,	oxes or mai	ntains fundietc.	S. S. L. J. J. L. J. J. L. J.	L L L				1 1 1 1 1 1		STATE				ZIP CC		
safety deposit be Name of Bank, Mailing Address	oxes or mai	ntains fundietc.	5. S			-			<del>     </del>	STATE				ZIP CC		siii
safety deposit be Name of Bank, Mailing Address	oxes or mai	ntains fundietc.	S. S							STATE				ZIP CO		s 
safety deposit be Name of Bank, Mailing Address	oxes or mai	ntains fundietc.	S. S.			-				STATE				ZIP CC		
safety deposit be Name of Bank, Mailing Address	oxes or mai	ntains fundietc.	S. S							STATE				ZIP CC	-L_L	

RECEIVED FEC MAIL CENTER



ORIGIN ID:LGBA (213 CINDY QUINONEZ GOULD & ORELLANA, LLC 249 E. OCEAN BLVD. SUITE 685 LONG BEACH, CA 90802 UNITED STATES US (213) 489-4792

SHIP DATE: 06APR18 ACTWGT: CAD: 108032954/INET3980

**BILL SENDER** 

TO FEC **FEC** 1050 FIRST STREET, NE

**WASHINGTON DC 20463** 

TO TOT TO TON TOO NOT TON TO

REF: WESTSIDE DEM HQ FED

Fed Express

60.40

16:00

1093

MON - 09 APR 3:00P STANDARD OVERNIGHT 7719 4030 1093

719 4030 1093

MON - 09 APR AA STANDARD OVERNIGHT

20002 DC-US IAD

FZ 722

 $\Gamma T = T^{R}$ 

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): FOR Next Busine	Shipping Date  14618 ss Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked

PREPARER (3/2015)

4/10/18 DATE PREPARED