

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

WEST LOS ANGELES HEALTH POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

555 S FLOWER ST.

(Check if address is changed)

STE 4210

LOS ANGELES

CA

90071

2439

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2134894818

2. DATE

09 / 24 / 2007

3. FEC IDENTIFICATION NUMBER

C C00198861

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

DAVID L. GOULD

Signature of Treasurer

Electronically Filed by DAVID L. GOULD

Date

09 / 24 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

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

Name of Candidate _____

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

- (e) This committee is a separate segregated fund

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

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

WEST LOS ANGELES HEALTH POLITICAL ACTION COMMITTEE

- 7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **DAVID L. GOULD**

Mailing Address **555 SOUTH FLOWER STREET**
SUITE 4210
LOS ANGELES CA 90071 - 2439

Title or Position ▼ **TREASURER** CITY ▲ STATE ▲ ZIP CODE ▲
213 489 4792
 Telephone number

- 8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **DAVID L. GOULD**

Mailing Address **555 SOUTH FLOWER STREET**
SUITE 4210
LOS ANGELES CA 90071 - 2439

Title or Position ▼ **TREASURER** CITY ▲ STATE ▲ ZIP CODE ▲
213 489 4792
 Telephone number

Full Name of Designated Agent **MICHELLE MOORE SANDERS**

Mailing Address **555 SOUTH FLOWER STREET**
SUITE 4210
LOS ANGELES CA 90071 - 2439

Title or Position ▼ **ASSISTANT TREASURER** CITY ▲ STATE ▲ ZIP CODE ▲
213 489 4792
 Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CALIFORNIA BANK & TRUST

Mailing Address

550 SOUTH HOPE STREET

SUITE 100

LOS ANGELES

CA

90071 -

CITY ▲

STATE ▲

ZIP CODE ▲