## RECEIVED FEC MAIL CENTER

2009 DEC 30 AM 10: 12

## FEC FORM 1

29030203729

## **STATEMENT OF ORGANIZATION**

(See instructions)

	(55551355)	Office use only
NAME OF COMMITTEE (in full)	(Check if name Example: If typying, type is changed) over the lines	12FE4M5
Integrated Care D	Delivery Federal PAC	
ADDRESS (number and street	555 So. Flower St., #4210	
(Check if address		
is changed)	Los Angeles	CA 90071 -
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAIL A	DDRESS (Please provide only one e-mail address)	
(Check if address	digould@davidgouldcompany.com	
is changed)		
COMMITTEE'S WEB PAG	BE ADDRESS (URL)	
(Check if address is changed)		
is dianged)		
2. DATE 11		
4. IS THIS STATEMEN	T X NEW (N) OR AMENDED (A)	
I certify that I have examined  Type or Print Name of Tre	this Statement and to the best of my knowledge and belief it is true, correct and belief it i	nd complete
		Date 11 1 28 2009 Y  Signing this Statement to the penalties of 2 U.S.C. §437g.  REPORTED WITHIN 10 DAYS  er Information contact:
Signature of Treasurer		
NOTE: Submission of false, e	erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED V	,
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

			OIII 1 (Nevided 02/2003	''				Page Z
5.	TYPE	OF C	OMMITTEE (Check One)					
Candidate Committee:								
٠	(a)	•	This committee is a pr	incipal campaign	committee. (Complete	the candidate inform	mation below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
	Name Candi		1			<u> </u>	<u> </u>	<u> </u>
	0			05	· .			01-1-
	Candid Party A		on	Office Sought:	House	Senate	President	State
	· arty /	Ailliau		Cought.	,,,,,,,,,	<b>5</b> 0		District
	(c)		This committee suppor	ts/opposes only o	one candidate, and is N	VOT an authorized c	ommittee.	
	(-)	• • • •	.,,,,	, с				
	Name Candid	_	<u> </u>	· · <u>                                  </u>	· · <u>·   . !   . ! !</u>	<u> </u>	<del></del>	<u> </u>
	Party	Comm	ilttee:		<del></del>			
	(d)	1,	This committee is a		(National, State (or subordinate) co	ommittee of the		(Democratic, Republican,etc.) Party.
	Politic	al Act	ion Committee (PAC):					
	(e)		This committee is a sep	parate segregated	d fund. (Identify connec	cted organization on	line 6.) Its conne	cted organization is a:
			Corporation		. Corporation w	o Capital Stock	La	bor Organization
			Membership Orga	nization	Trade Associa	ation	Co	poperative
	(f)	line o			a Lobbyist/Registrant			
		×	This committee support committee. (i.e., noncor			idate, and is NOT a	separate segrega	ited fund or party
	•		In addition, this co	mmittee is a Lob	byist/Registrant PAC.			
			In addition, this co	mmittee is a Lea	dership PAC. (Identify	sponsor on line 6.)		
-	Joint F	undra	ising Representative:					
	(g)		This committee collects committees/organization	contributions, pay s, at least one of	s fundraising expense which is an authorized	es and disburses net d committee of a fed	proceeds for two eral candidate.	or more political
	(h)	) 1:	This committee collects committees/organization					or more political
		Com	mittees Participating in Jo	int Fundraiser				
			1.	<u> </u>	111: .1	FEC ID number	С	
			2.	1		FEC ID number	С	
			3.	1_1_1_1_		FEC ID number	С	
	•			<u>ilil.</u>	·	FEC ID number	C	

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Write or Type Committee Name		in a see on p							
Integrated Care Deliver	y Federal PAC								
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundra	alsing Representative, or Lead	lership PAC Sponsor						
<u> </u>	· <u>·</u>		<u> </u>						
	<u> </u>								
Mailing Address		<del>                                     </del>	<u>.     '                                </u>						
•									
	CITYA	STATE A	ZIP CODE						
Relationship:	·								
Connected Organization		undraising Representative	Leadership PAC Sponsor						
Full Name David  Mailing Address	555 S Flower St # 4210								
	Los Angeles		90071 _						
Title or Position ♥	CITY A	STATE A	ZIP CODE A						
Custodiar	n of Records	Telephone number 213	<u> 489 – 4792 </u>						
name and address of any	Pauld Cauld								
Mailing Address	555 S Flower St # 4210								
	Los Angeles	CA	90071 _						
Title or Position ♥	CITY ▲	STATE ▲	ZIP CODE A						
Treasure	r	Telephone number 213	489 4792						

Full Name of Designated Agent	Michelle Moore Sanders		
Mailing Address	555 S Flower St # 4210		<del> </del>
	Los Angeles	CA	90071 –
Title or Position ♥	CITY A	STATE A	ZIP CODE A
Assistant	Treasurer	Telephone number 213	4894792
. Banks or Other Depositor safety deposit boxes or mai		n the committee deposits funds,	holds accounts, rents
Name of Bank, Depository,			
Calif	fornia Bank & Trust	<u> </u>	
Mailing Address	550 S. Hope St.		<u> </u>
			<u></u>
•	Los Angeles	CA	90017
	CITY 🗖	STATE 4	ZIP CODE A
Name of Bank, Depository,	etc.		
<u></u>	<u> </u>		
Mailing Address			
	·. ————————————————————————————————————		
		:	
	CITY 🛦	STATE 4	ZIP CODE A

(3/2005)

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation<sup>™</sup> or Signature Confirmation<sup>™</sup> Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark Fed Gx Shipping Date Overnight Delivery Service (Specify): 12/29/09 Next Business Day Delivery **Date of Receipt** 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 or Postmarked Other (Specify): **PREPARER** DATE PREPARED