Image#	11930634033	
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Only

FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in f	ull) (Check if name Example: If typying, over the lines	12FE4M5
	N FOR CONGRESS	
ADDRESS (number and s	reet) 3700 WILSHIRE BLVD., STE. 1050-B	
(Check if address		
X is changed)		
	CITY	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)		
is changed)		
COMMITTEE'S WEB I (Check if address is changed)		
<ol> <li>2. DATE 0.4</li> <li>3. FEC IDENTIFICA</li> <li>4. IS THIS STATEM</li> </ol>		D (A)
	ed this Statement and to the best of my knowledge and belief it is true,	
NOTE: Submission of fal	e, erroneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPO	
Office Use	For further info Federal Election	rmation contact: FEC FORM 1

Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

(Revised 02/2009)

## Image# 11930634034

	FEC Form 1 (Revised 02/2009)	Page <b>2</b>
5.	TYPE OF COMMITTEE (Check One)	
	Candidate 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. (Complete information below.)	e the candidate
	Name of     HOYT HILSMAN       Candidate	
	Candidate Office X House Senate President	State CA District 26
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Political Action Committee (PAC):	
		ted organization is a: Labor Organization Cooperative
	(f) This committee is a Lobbyist/Registrant PAC.	
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ted fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fundraising 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.	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.	or more political
	Committees Participating in Joint Fundraiser	
	1 FEC ID number C	
	2 FEC ID number	
	3 FEC ID number	

4. FEC ID number

FEC Form 1	(Revised 02/2009)

Write or Type Committee Name

			ership PAC Sponsor
			<u>                     </u>
Mailing Address			
	СІТУ	STATE 🛦	ZIP CODE
Relationship: Connected Organization	Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
possession of Committe		nber optional), and position of th	ne person in
Full Name	avid Gould		
Mailing Address	3700 Wilshire Blvd S	Ste1050-B	
	Los Angeles	CA	90010 _
Title or Position ▼	CITY A	STATE	
	r	Telephone number 213	- 489 - 4792
Treasure	<u> </u>		
<ol> <li>Treasurer: List the nam name and address of ar Full Name</li> </ol>	e and address (phone number optic ny designated agent (e.g., assistant tr D GOULD	onal) of the treasurer of the commi	· ·
8. Treasurer: List the nam name and address of ar Full Name	e and address (phone number optic ny designated agent (e.g., assistant tr	onal) of the treasurer of the commi reasurer).	· ·
8. <b>Treasurer:</b> List the nam name and address of ar Full Name of Treasurer <b>DAVI</b>	e and address (phone number optic ny designated agent (e.g., assistant tr D GOULD	onal) of the treasurer of the commi reasurer).	· ·
8. <b>Treasurer:</b> List the nam name and address of ar Full Name of Treasurer <b>DAVI</b>	e and address (phone number optic ny designated agent (e.g., assistant tr D GOULD 3700 WILSHIRE BLV	onal) of the treasurer of the commi reasurer). /D., STE. 1050-B	ittee; and the

FEC Form 1 (Revis					
Full Name of Designated Agent	Ms. MICHELLE MOORE-SANDERS				
Mailing Address	3700 WILSHIRE BLVD., S	ТЕ. 1050-В			
	LOS ANGELES	C	A	90010 –	
Title or Position ▼	CITY A	STA	TE 🛦	ZIP CODE	E <b>A</b>
Assista	ant Treasurer	Telephone number	213	489	4792
Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. ALIFORNIA BANK & TRUST	ch the committee depos	its funds, hol	ds accounts, ren	ts 
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. ALIFORNIA BANK & TRUST 550 S Hope St				ts
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