

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

TRACY VAN HOUTEN FOR CONGRESS

ADDRESS (number and street) 249 E. Ocean Blvd., Suite 685

(Check if address is changed)

Long Beach CITY ▲ CA STATE ▲ 90802 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) dlgould@gouldorellana.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) TracyVH.com

2. DATE 03 / 20 / 2017

3. FEC IDENTIFICATION NUMBER ▶ C C00633024

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 GOULD, DAVID L., , ,

Signature of Treasurer GOULD, DAVID L., , , [Electronically Filed] Date 03 / 20 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

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 the candidate information below.)

Name of Candidate Van Houten, Tracy, , ,

Candidate Party Affiliation DEM Office Sought: House Senate President State CA District 34

- (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):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - 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 or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

TRACY VAN HOUTEN FOR CONGRESS

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

None

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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 Gould, David, , ,

Mailing Address 249 E. Ocean Blvd., Suite 685

Long Beach CA 90802

Title or Position CITY STATE ZIP CODE

Custodian of Records Telephone number 213 489 4792

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 Gould, David L., , ,

Mailing Address 249 E. Ocean Blvd. Suite 685

Long Beach CA 90802

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 213 489 4792

Full Name of Designated Agent Modesto, Nadia, , ,

Mailing Address 249 E. Ocean Blvd., Suite 685

Long Beach CA 90802

CITY

STATE

ZIP CODE

Title or Position Assistant Treasurer

Telephone number 213 - 489 - 4792

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 S. Hope St. #100

Los Angeles CA 90071

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Orellana--Assistant Treasurer, Ingrid, , , _____

Mailing Address

249 E. Ocean Blvd., Suite 685 _____

Long Beach _____ CA 90802 - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

POF _____

Telephone number 213 - 489 - 4792

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C _____