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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. California Thom O'Shaughnessy Political Action Committee (CATOS) 3700 Wilshire Blvd., #1050B ADDRESS (number and street) (Check if address is changed) 90010 Los Angeles CA CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) dlgould@davidgouldcompany.com (Check if address X is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 04 15 2012 C00482851 FEC IDENTIFICATION NUMBER IS THIS STATEMENT **OR** NEW (N) 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. David L. Gould Type or Print Name of Treasurer David L. Gould [Electronically Filed] 04 2012 14 Signature of Treasurer Date 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.

Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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		om 1 (Revised 02/2009) OMMITTEE	Page <b>2</b>
		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. (Con information below.)	nplete the candidate
Nam Cano	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	(Damas anatis
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name	e	
California Thom	n O'Shaughnessy Political Action Committee	e (CATOS)
6. Name of Any Connected (	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
None		
Mailing Address		
-		
		-
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
<ol> <li>Custodian of Records: Idea books and records.</li> </ol> David Goo	ntify by name, address (phone number optional) and position of the person in poss	session of committee
Full Name		
Mailing Address	3700 Wilshire Blvd., #1050B	
	Los Angeles CA 90010	
Title or Position	CITY STATE 2	ZIP CODE
Custodian of Records	Telephone number 213 - 2	189   4792
8. <b>Treasurer:</b> List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the nan assistant treasurer).	ne and address of
Full Name David Gou	ild	
Mailing Address	3700 Wilshire Blvd., #1050B	
Mailing Address		
	Los Angeles     CA	.  _
		IP CODE
Title or Position Treasurer	213   4	89 <sub>   </sub> 4792

Telephone number

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Full Name of	None	
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
<ul> <li>Banks or Other safety deposit be Name of Bank,</li> </ul>		lds accounts, rents
safety deposit b Name of Bank,	oxes or maintains funds.  Depository, etc.  California Bank & Trust  ,550 S. Hope St.	olds accounts, rents
safety deposit be	oxes or maintains funds.  Depository, etc.  California Bank & Trust  ,550 S. Hope St.	olds accounts, rents
safety deposit b Name of Bank,	Depository, etc.  California Bank & Trust  550 S. Hope St.	
safety deposit b Name of Bank,	oxes or maintains funds.  Depository, etc.  California Bank & Trust  ,550 S. Hope St.	
safety deposit b Name of Bank,	Depository, etc.  California Bank & Trust  550 S. Hope St.	
safety deposit b Name of Bank,	Depository, etc.  California Bank & Trust  550 S. Hope St.  Los Angeles  CITY  STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  California Bank & Trust  550 S. Hope St.  Los Angeles  CITY  STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  California Bank & Trust  550 S. Hope St.  Los Angeles  CITY  STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  California Bank & Trust  550 S. Hope St.  Los Angeles  CITY  STATE  Depository, etc.	
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