Image# 11972715196 PAGE 1/4

FEC	
FORM	•

FEC FORM 1		STATEME! ORGANIZ			Office Use Only
1. NAME OF	(II)	(Check if name	Example:If typing, type	12FE4M5	
CEDILLO E		is changed)	over the lines.	1-1-1-1-1	
CEDILLOF	OR C	CONGRESS			
ADDRESS (number and	d street)	3700 Wilshire Blvd. Suite 10	050-B 		
(Check if add	dress				
is changed)		Los Angeles		CA 90	0010
			CITY	STATE	ZIP CODE
(Check if a is changed)	ddress)	S (Please provide only one e			
COMMITTEE'S WEB F	PAGE ADD	RESS (URL)			1
(Check if ac is changed)					
2. DATE 12	/ 09	2011			
3. FEC IDENTIFICA	ation nu	MBER C C	00458331		
4. IS THIS STATEM	ENT	NEW (N) OR	X AMENDED (A)		
I certify that I have ex	amined this	s Statement and to the best	of my knowledge and belief it	is true, correct ar	nd complete.
Type or Print Name of	Treasurer	David Gould			
Signature of Treasurer	David G	ould	[Electronically Filed]	Date 12	08 / 2011

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)	
-----------------------	--	--	--	--	---	---------------------------------	--

F	EC Fo	rm 1 (Revised 02/2009)	Page 2
–		COMMITTEE	
Cano		e Committee:	
(a)	X	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. (Cominformation below.)	plete the candidate
Name Candi		GILBERT CEDILLO	
Candi	data	Office	State
	Affiliati	DEM Times	District 32
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Party	y Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politi	ical A	action 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)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (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.)	
Joint	Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(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.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number C	

_	C Form 1 (Revised 02/2009)	Page 3
	pe Committee Name	i aye y
	LLO FOR CONGRESS	
	f Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership F	PAC Sponsor
None		·
Mailin	Address	
	CITY STATE ZIP	CODE
Relatio	Ship: Connected Organization Affiliated Committee Joint Fundraising Representative Leaders	ship PAC Sponsor
	an of Records: Identify by name, address (phone number optional) and position of the person in possess and records.	sion of committee
Full N	David Gould	1
	3700 Wilshire Blvd. Suite 1050-B	
Mailinç	Address	
	Los Angeles CA 90010	
Title o	Position CITY STATE ZIP	CODE
Custo	ian of Records Telephone number 489	_ - 4792
	r: List the name and address (phone number optional) of the treasurer of the committee; and the name a gnated agent (e.g., assistant treasurer).	and address of
Full Na		
of Trea	13700 Wilshire Blvd. Suite 1050-B	
Mailing	ddress	
	LL on Angelon	
	Los Angeles CITY STATE ZIP	CODE
Title or Treas	Position	4792
I		

FEC FORM	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Ingrid Orellana	
Mailing Address	3700 Wilshire Blvd. Suite 1050-B	
	Los Angeles CA 90010 CITY STATE	ZIP CODE
Title or Position Assistant Treasu	rer Telephone number 213 - L	489 - 4792
safety deposit box	Depositories: List all banks or other depositories in which the committee deposits funds, hold xes or maintains funds.	is accounte, ronte
Name of Bank, D	xes or maintains funds.	
safety deposit box Name of Bank, D	ces or maintains funds. Depository, etc. CALIFORNIA BANK & TRUST	
safety deposit box Name of Bank, D	california Bank & Trust California Bank & Trust 550 South Hope Street Suite 100	ZIP CODE
safety deposit box Name of Bank, D	CALIFORNIA BANK & TRUST 550 South Hope Street Suite 100	
safety deposit box Name of Bank, D Mailing Address	CALIFORNIA BANK & TRUST 550 South Hope Street Suite 100	
safety deposit box Name of Bank, D Mailing Address	CALIFORNIA BANK & TRUST 550 South Hope Street Suite 100	
safety deposit box Name of Bank, D Mailing Address Name of Bank, D	CALIFORNIA BANK & TRUST 550 South Hope Street Suite 100	
safety deposit box Name of Bank, D Mailing Address Name of Bank, D	CALIFORNIA BANK & TRUST 550 South Hope Street Suite 100	