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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

BARRY WELSH FOR CONGRESS COMMITTEE

ADDRESS (number and street)

2804 N. EBY DR.

(Check if address  
is changed)

CONNERSVILLE

IN

47331

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

dlgould@davidgouldcompany.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

213 - 489 - 4818

2. DATE

09 30 2007

3. FEC IDENTIFICATION NUMBER ▶

C

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

DAVID L. GOUD, Assistant Treasurer

Signature of Treasurer

Date

09 30 2007

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 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (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 **BARRY A WELSH**

Candidate Party Affiliation  **DEM** Office Sought:  House  Senate  President State **IN** District **6**

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Name of Connected Organization or Affiliated Committee

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

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Write or Type Committee Name

**BARRY WELSH FOR CONGRESS COMMITTEE**

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 **BARRY A. WELSH**

Mailing Address **2804 N. EBY DR.**

**CONNERSVILLE** **IN** **47331**

Title or Position CITY STATE ZIP CODE

**TREASURER**

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 **BARRY A. WELSH**

Mailing Address **2804 N. EBY DR.**

**CONNERSVILLE** **IN** **47331**

Title or Position CITY STATE ZIP CODE

**TREASURER**

Telephone number **213-489-4792**

Full Name of Designated Agent **DAVID L GOULD**

Mailing Address **555 SOUTH FLOWER STREET SUITE 4210**

**LOS ANGELES** **CA** **90071**

Title or Position CITY STATE ZIP CODE

**ASSISTANT TREASURER**

Telephone number **213-489-4792**

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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.

**MAINSOURCE BANK**

Mailing Address

**206 W 30TH STREET**

**CONNVERSVILLE**

**IN**

**47331**

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

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Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*[Signature]*

PREPARER  
(3/2005)

*10/15/07*

DATE PREPARED

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