

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION FEDERAL PAC

ADDRESS (number and street)

201 Colorado Place

(Check if address is changed)

Arcadia

CA

91007

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

dlgould@davidgouldcompany.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2134894818

2. DATE

04 / 15 / 2008

3. FEC IDENTIFICATION NUMBER

C C00375154

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. Gould

Signature of Treasurer

Electronically Filed by David L. Gould

Date

04 / 15 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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)

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 \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (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

**CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION**

Mailing Address **201 Colorado Place**

\_\_\_\_\_

**Arcadia** **CA** **91007**

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **CONNECTED ORGANIZATION**

Type of Connected Organization:

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

Write or Type Committee Name

**CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION FEDERAL PAC**

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 **David L. Gould**

Mailing Address **555 So. Flower St., #4210**

**Los Angeles** **CA** **90071**

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 **James Murphy**

Mailing Address **201 Colorado Place**

**Arcadia** **CA** **91007**

Title or Position **CITY** **STATE** **ZIP CODE**

**Treasurer** Telephone number **626** **445** **7800**

Full Name of Designated Agent **David L. Gould**

Mailing Address **555 So. Flower St., #4210**

**Los Angeles** **CA** **90071**

Title or Position **CITY** **STATE** **ZIP CODE**

**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.

CITIBANK

Mailing Address

880 W. Duarte Road

Arcadia

CA

91007

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲