

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

SECRETARY OF THE SENATE

03 DEC - 12:07 PM '03  
Outside Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12PF4M5

J U D G E J I M G R A Y 4 S E N A T E

ADDRESS (number and street) 555 S O F L O W E R S T # 4510

(Check if address is changed)

L O S A N G E L E S C A 9 0 0 7 1

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2 1 3 - 4 8 9 - 4 8 1 8

2. DATE 1 1 1 6 2 0 0 3

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X 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

Date 1 1 1 6 2 0 0 3

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5497g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-426-9530 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: J, A, M, E, S, P, C, R, A, Y

Candidate Party Affiliation: LIB  
 Office Sought: House  Senate  President   
 State: CA  
 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

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: \_\_\_\_\_

Type of Connected Organization:

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

Write or Type Committee Name

JUDGE JIM GRAY 4 SENATE

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 D A V I D L G O U L D

Mailing Address 5 5 5 S O F L O W E R S T . , # 4 5 1 0

L O S A N G E L E S C A 9 0 0 7 1 1

Title or Position CITY STATE ZIP CODE

T R E A S U R E R Telephone number 2 1 3 - 4 8 9 - 4 7 9 2

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 D A V I D L G O U L D

Mailing Address 5 5 5 S O F L O W E R S T . , # 4 5 1 0

L O S A N G E L E S C A 9 0 0 7 1 1

Title or Position CITY STATE ZIP CODE

T R E A S U R E R Telephone number 2 1 3 - 4 8 9 - 4 7 9 2

Full Name of Designated Agent M I C H E L L E M O O R E S A N D E R S

Mailing Address 5 5 5 S O F L O W E R S T . , # 4 5 1 0

L O S A N G E L E S C A 9 0 0 7 1 1

Title or Position CITY STATE ZIP CODE

A S S I S T A N T T R E A S U R E R Telephone number 2 1 3 - 4 8 9 - 4 7 9 2

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.

BANK OF AMERICA

Mailing Address

8955 VALLEY VIEW STREET

BUENA PARK CA 90620

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

23020492447

IM GRAY 4 SENATOR  
**L. Gould Company**  
Flower St Suite 4510  
Angeles, CA 90071

**CERTIFIED MAIL**



7160 3901 9841 1952 3609  
RETURN RECEIPT REQUESTED



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27301

U.S. POSTAGE  
PAID  
LOS ANGELES, CA  
NOV 21 03  
PMDJMT  
**\$4.65**  
D001883-05

SECRETARY OF THE SENATE  
OFFICE OF PUBLIC AFFAIRS

P.O. BOX 5109  
ALEXANDRIA, VA 22301-0109

EMILY J. REYNOLDS  
SECRETARY

PAMELA B. GAVIN  
SUPERINTENDENT  
HART BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7130  
PHONE: 202-224-6322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

          HAND DELIVERED          

Date of Receipt



REGISTERED/CERTIFIED MAIL 11-21-03

Postmarked

          RECEIVED FROM THE FEDERAL ELECTION  
          COMMISSION          

Date of Receipt

          OTHER (Specify):          

          PRIORITY MAIL          

          EXPRESS MAIL          

          FEDERAL EXPRESS          

          UPS          

          AIRBORNE EXPRESS          

Postmark and/or Date of Receipt

          FIRST CLASS MAIL          

Postmarked

          FAX (48-HOUR NOTICES)          

          FAX (FEC FORM #10)          

          FAX (CAMPAIGN REPORT)          

Date of Receipt

          NO POSTMARK          

          POSTMARK ILLEGIBLE          

          RECEIVED FROM THE LEGISLATIVE RESOURCE  
          CENTER          

Date of Receipt

RD  
Preparer

12-01-03

Date Prepared

