Image# 201507169000238747				07/10/2015 01 : 30
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 5 ——
				Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number and street)	249 E. Ocean Blvd., Suite 68	5		
Check if address				
is changed)	Long Beach		CA9(0802
			L L	
COMMITTEE'S E-MAIL ADDF	,dlgould@gouldorellana	a.com		
is changed)				
	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)			
	15 ⁷ 2015			
3. FEC IDENTIFICATION	NUMBER ► C c	00404202		
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	t is true, correct ar	nd complete.
-				
Type or Print Name of Treasu	rer David L. Gould			
Signature of Treasurer	vid L. Gould	[Electronically Filed]	Date 07	/ D D / Y Y Y Y 15 2015
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED V		e penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

07/16/2015 01 : 36

-		
FEC FC	rm 1 (Revised 02/2009)	Page 2
TYPE OF C	OMMITTEE	
Candidat	e 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. (Compl information below.)	ete the candidate
Name of Candidate		
Candidate Party Affiliat	on 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		
Party Cor	nmittee:	
(d)		emocratic, epublican, etc.) Party
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is
	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 seg- committee. (i.e., nonconnected committee)	regated fund or part
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Corr	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

ORANGE COUNTY VICTORY FUND

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

None			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor			

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

David L. G	ould
Full Name	
	249 E. Ocean Blvd., Ste.685
Mailing Address	
	Long Beach CA 90802
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	David Gould
Mailing Address	249 East Ocean Blvd., Suite 685
	Long Beach
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 213 489 4792

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Ingrid Orellana	
Mailing Address	249 East Ocean Blvd., Suite 685	
	Long Beach	
	CITY STATE ZIP CODE	
Title or Position	Jirer 213 489 4792 Image: State of the	

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.

	California Bank & Trust		
Mailing Address	550 S. Hope St.		
	Los Angeles		0071
	CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address Mailing Address CITY STATE ZiP CODE (A) Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Designated Agent [ADDITIONAL] Full Name Frank Barbaro Full Name 2419 Bonnie Brae Statte 22706 Statte 22706 Title or Position CITY (A)	FEC Form 1G (Revise	ed 06/2011)		Page 5
CITY A STATE A ZIP CODE A IADDITIONAL IADDITIONAL Mailing Address Image: City A STATE A ZIP CODE A Mailing Address Image: City A STATE A ZIP CODE A Mailing Address Image: City A STATE A ZIP CODE A Mailing Address Image: City A STATE A ZIP CODE A Mailing Address Image: City A STATE A ZIP CODE A Mailing Address Image: City A STATE A ZIP CODE A Mailing Address Image: City A STATE A ZIP CODE A Mailing Address Image: City A STATE A ZIP CODE A Mailing Address Image: City A STATE A ZIP CODE A Mailing Address Image: City A STATE A ZIP CODE A Mailing Address Image: City A STATE A ZIP CODE A Mailing Address Image: City A STATE A ZIP CODE A Mailing Address Image: City A STATE A ZIP CODE A POF Telephone number Image: City A Image: City A Image: City A	safety deposit boxes or mai	ntains funds.		
Image: State in the second				
Image: Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address	Mailing Address			
Image: City				
IADDITIONAL Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address Image: State and State an				
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address Mailing Address CITY STATE ZIP CODE Italiated Committee Joint Fundraising Representative Leadership PAC Sponsor CITY STATE ZIP CODE Italiated Committee Joint Fundraising Representative Leadership PAC Sponsor Designated Agent Full Name Image: Santa Ana Santa Ana CITY State ZIP CODE Mailing Address 2419 Bonnie Brae Santa Ana CITY State ZIP CODE Title or Position CITY Telephone number 949 POF Telephone number 949 233 CADDITIONAL 1		CITY 🗖	STATE 🗖	ZIP CODE 🔺
Image: Connected Organization	Name of Any Connected C	Drganization, Affiliated Committee, Joint Fundraisir	ng Representative, or Leade	[ADDITIONAL]
Image: Connected Organization				
Interview				
Indextor ship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Image: Connected Organization	Mailing Address			
Individual definition definition Image: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Image: Connected Organization Image: Connected Organization <td></td> <td></td> <td></td> <td></td>				
Individual definition definition Image: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Image: Connected Organization Image: Connected Organization <td></td> <td></td> <td></td> <td></td>				
Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Designated Agent [ADDITIONAL]] Frank Barbaro Full Name Mailing Address 2419 Bonnie Brae Santa Ana CA 92706 Title or Position CITY Telephone number 949 - 233 0052	lationahin	CITY	STATE 📥	ZIP CODE 📥
Designated Agent Full Name Mailing Address 2419 Bonnie Brae Santa Ana CA 92706 Title or Position CITY Title or Position CITY Title or Position CITY Title or Position CITY Title or Position CITY Title or Position CITY Telephone number 949 - 233 - 0052		Affiliated Committee Joint Fundraisin	ng Representative	ership PAC Sponsor
Full Name Mailing Address 2419 Bonnie Brae Santa Ana CA 92706 Title or Position CITY Title or Position CITY Telephone number 949 - 233 - 0052	Designated Agent			[ADDITIONAL]
Santa Ana _CA92706 Title or Position ♥ CITY ▲ STATE ▲ ZIP CODE ▲ POF Telephone number _9490052	Frank E	Barbaro		
Title or Position CITY STATE ZIP CODE POF Telephone number 949 - 233 - 0052	Mailing Address	2419 Bonnie Brae		
Title or Position CITY STATE ZIP CODE POF Telephone number 949 - 233 - 0052				
POF Telephone number9492330052		Santa Ana	CA9	2706 –
	Title or Position	CITY 📥	STATE	ZIP CODE 🛔
Joint Fundraiser Participant [ADDITIONAL]	POF	т	elephone number949	2330052
	Joint Fundraiser Participa	nf		[ADDITIONAL]
FEC ID number				