FEC

Only

STATEMENT OF

PAGE 1 / 8 •

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. GRASSROOTS DEMOCRATS HQ 12501 Imperial Hwy. Ste. 200 ADDRESS (number and street) (Check if address is changed) Norwalk 90650 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address DLGOULD@GOULDORELLANA.COM is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00707091 FEC IDENTIFICATION NUMBER > 3. X 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 Gould, David L.,, Date 09 12 2024 Signature of Treasurer Gould, David L., , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

2. 2024 Voter Mobilization Fund

EC Form	1 (Revised 03/2022)	Page 2
TYPE (OF COMMITTEE:	
Candi	idate 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. (Complete the information below.)	candidate
Name Candi		
Candi Party	didate y Affiliation Office Sought: House Senate President	State CA District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	me of ndidate	
Party	Committee:	
(d)	This committee is a (National, State (Democratic, or subordinate) committee of the Republican, e	etc.) Party
Politic	cal Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a
	Corporation Corporation w/o Capital Stock Labor Org	nanization
	Membership Organization Trade Association Cooperation	
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	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.)	
(g)	This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	S).
· / L	In addition, this committee is a Lobbyist/Registrant PAC.	,
Joint I	Fundraising Representative:	
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	mmittees Participating in Joint Fundraiser	
a 1	Securing a Kinder Democracy PAC C00822478	

C C00887471

Treasurer

Г	_			
I	FEC Form 1 (Revised 0	2/2009)		Page 3
٧	Vrite or Type Committee Name	,		.
	GRASSROOTS	DEMOCRATS HQ		
6.	Name of Any Connected Or	rganization, Affiliated Committee, Joint Fundrais	sing Representative, or Leade	rship PAC Sponsor
	2024 Voter Mobilizati	on Fund		
	Mailing Address	PO Box 33079		
		Washington	DC 20033	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected		Fundraising Representative	Leadership PAC Sponso
	Ticiationship.	Annualed Organization	Tundraising Tropicsontative	Leadership 1 Ao oponse
7.	Custodian of Records: Identi books and records.	ify by name, address (phone number optional) and	d position of the person in posses	ssion of committee
	GOULD, D	AVID L., , ,		
	Full Name			
	Mailing Address	12501 Imperial Hwy. Ste. 200		
		Norwalk	CA 90650	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼	<u> </u>	~ · · · · ·	332_
	Custodian of Records	Tele	phone number 213 - [489 - 4792
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treas assistant treasurer).	urer of the committee; and the r	name and address of
	Full Name GRANT, M of Treasurer	ELISSA, , ,	1	
	Mailing Address	1385 PALISADES DRIVE		
		PACIFIC PALISADES	CA 90272	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			

213

Telephone number

489

4792

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	GOULD, DAVID L., , ,		
Mailing Address	12501 Imperial Hwy. Ste. 200		
	Norwalk	CA 90650)
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasur	er ı	elephone number 213 -	489 - 4792
Banks or Other safety deposit box	Depositories: List all banks or other depositories in which ses or maintains funds.	the committee deposits funds, ho	ds accounts, rents
Name of Bank, D	epository, etc.		
	Commerce West Bank		
Mailing Address	2445 McCabe Way Ste. 300		
	Irvine	CA 92614	
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	<u> </u>		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

: 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: F1A Transaction ID:

Adding Jt.Fundraising Committee & Jt.Fundraising Representative & other changes

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ___ **of** 8___

h). Joint Fundraisi	ng Farticipant.		
1.		FEC ID number	er C
2.		FEC ID number	er C
3.		FEC ID number	er C
4.		FEC ID number	er C
ame of Any Connected	d Organization, Affiliated Committee, Joint	Fundraising Representa	tive, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE	▲ ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number - optio	Joint Fundraising Repres	entative Leadership PAC S
esignated Agent: Identi ORELL Full Name			entative Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optio ANA-ASSISTANT TREASURER, INGRID, , ,		entative Leadership PAC S
esignated Agent: Identi ORELL Full Name	fy by name, address (phone number – optio ANA-ASSISTANT TREASURER, INGRID, , ,	nal)	Leadership PAC S
esignated Agent: Identi ORELL Full Name Mailing Address	fy by name, address (phone number – optio ANA-ASSISTANT TREASURER, INGRID, , , 12501 Imperial Hwy. Ste. 200 Norwalk	nal)	90650
esignated Agent: Identi ORELL Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optio ANA-ASSISTANT TREASURER, INGRID, , , 12501 Imperial Hwy. Ste. 200 Norwalk	nal) CA STATE 4	90650 ZIP CODE A
esignated Agent: Identi ORELL Full Name Mailing Address	fy by name, address (phone number – optio ANA-ASSISTANT TREASURER, INGRID, , , 12501 Imperial Hwy. Ste. 200 Norwalk	nal)	90650
esignated Agent: Identi ORELL Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optio ANA-ASSISTANT TREASURER, INGRID, , , 12501 Imperial Hwy. Ste. 200 Norwalk CITY	Telephone Number	90650 ZIP CODE A
esignated Agent: Identi ORELL Full Name Mailing Address TITLE OR POSITION POF Anks or Other Deposit	fy by name, address (phone number – optio ANA-ASSISTANT TREASURER, INGRID, , , 12501 Imperial Hwy. Ste. 200 Norwalk CITY ories: List all banks or other depositories in	Telephone Number	90650 ZIP CODE A
esignated Agent: Identi ORELL Full Name Mailing Address TITLE OR POSITION POF anks or Other Deposit afety deposit boxes or m ame of Bank, Califo	fy by name, address (phone number – optio ANA-ASSISTANT TREASURER, INGRID, , , 12501 Imperial Hwy. Ste. 200 Norwalk CITY ories: List all banks or other depositories in	Telephone Number	90650 ZIP CODE A
esignated Agent: Identi ORELL Full Name Mailing Address TITLE OR POSITION POF anks or Other Deposit afety deposit boxes or m ame of Bank, Califo	fy by name, address (phone number – optio ANA-ASSISTANT TREASURER, INGRID, , , 12501 Imperial Hwy. Ste. 200 Norwalk CITY ories: List all banks or other depositories in naintains funds.	Telephone Number	90650 ZIP CODE A
esignated Agent: Identi ORELL Full Name Mailing Address TITLE OR POSITION POF anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optio ANA-ASSISTANT TREASURER, INGRID, , , 12501 Imperial Hwy. Ste. 200 Norwalk CITY ories: List all banks or other depositories in naintains funds. rnia Bank & Trust	Telephone Number	90650 ZIP CODE A
esignated Agent: Identi ORELL Full Name Mailing Address TITLE OR POSITION POF anks or Other Deposit afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optio ANA-ASSISTANT TREASURER, INGRID, , , 12501 Imperial Hwy. Ste. 200 Norwalk CITY ories: List all banks or other depositories in naintains funds. rnia Bank & Trust	Telephone Number	90650 ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page or	Page	of ⁸	
----------------	------	-----------------	--

	ng Participant:		
1.		FEC ID nu	mber C
2.		FEC ID nu	mber C
3.		FEC ID nu	mber C
4.		FEC ID nu	mber C
ame of Any Connecte	d Organization, Affiliated Committee, Join	t Fundraising Represe	entative, or Leadership PAC Spo
Mailing Address			
Relationship:	CITY ▲	STA	ATE ▲ ZIP CODE ▲
	Affiliated Committee ify by name, address (phone number – optic	X Joint Fundraising Reponal)	presentative Leadership PAC S
esignated Agent: Ident			Dresentative Leadership PAC S
esignated Agent: Ident	ify by name, address (phone number – optic		Dresentative Leadership PAC S
esignated Agent: Ident COLKE Full Name	ify by name, address (phone number – optices of the control of the		Dresentative Leadership PAC S
esignated Agent: Ident COLKE Full Name	ify by name, address (phone number – optices of the control of the	onal)	CA 90650
esignated Agent: Ident COLKE Full Name	ify by name, address (phone number – optices and the control of th	onal)	CA 90650
esignated Agent: Ident COLKE Full Name Mailing Address	ify by name, address (phone number – optices and the control of th	onal)	CA 90650 TE ▲ ZIP CODE ▲
esignated Agent: Ident COLKE Full Name Mailing Address TITLE OR POSITIO	ify by name, address (phone number – optices: List all banks or other depositories in	onal) STAT	CA 90650 TE A ZIP CODE A er 213 - 489 - 47
esignated Agent: Ident COLKE Full Name Mailing Address TITLE OR POSITION POF Anks or Other Deposit	ify by name, address (phone number – optices: List all banks or other depositories in naintains funds.	STAT Telephone Number which the committee	CA 90650 TE A ZIP CODE A er 213 - 489 - 47
esignated Agent: Ident COLKE Full Name Mailing Address TITLE OR POSITION POF anks or Other Deposit afety deposit boxes or name of Bank,	ify by name, address (phone number – optices: List all banks or other depositories in naintains funds.	STAT Telephone Number which the committee	CA 90650 TE A ZIP CODE A er 489 - 47 deposits funds, holds accounts, rel
esignated Agent: Ident COLKE Full Name Mailing Address TITLE OR POSITION POF anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optices: List all banks or other depositories in naintains funds.	STAT Telephone Number which the committee	CA 90650 TE A ZIP CODE A er 489 - 47 deposits funds, holds accounts, rel
esignated Agent: Ident COLKE Full Name Mailing Address TITLE OR POSITION POF anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optices: List all banks or other depositories in naintains funds.	STAT Telephone Number which the committee	CA 90650 TE A ZIP CODE A er 489 - 47 deposits funds, holds accounts, rel

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page	of ⁸	

h). Joint Fundraisi	ig i di dolpant.			
1.		FE.	C ID number	C
2.		FE.	C ID number	С
3.		FE.	C ID number	С
4.		FE.	C ID number	С
ame of Any Connected	Organization, Affiliated Committee	ee, Joint Fundraising	Representativ	re, or Leadership PAC Spon
Mailing Address				
Relationship:	CITY A		STATE A	ZIP CODE ▲
	d Organization Affiliated Comm		aising Represent	tative Leadership PAC S
esignated Agent: Identi	y by name, address (phone numbe		aising Represent	tative Leadership PAC S
esignated Agent: Identi	y by name, address (phone numbe		aising Represent	tative Leadership PAC S
esignated Agent: Identi LEVEN Full Name	y by name, address (phone numberson, TAMARA MELZER, , , 12501 Imperial Highway #200			
esignated Agent: Identi LEVEN Full Name	y by name, address (phone numbe		aising Represent	Leadership PAC S
esignated Agent: Identi LEVEN Full Name Mailing Address TITLE OR POSITION	y by name, address (phone numberson, TAMARA MELZER, , , , 12501 Imperial Highway #200 Norwalk			
esignated Agent: Identi LEVEN Full Name Mailing Address	y by name, address (phone numberson, TAMARA MELZER, , , , 12501 Imperial Highway #200 Norwalk	er – optional)	CA	90650
esignated Agent: Identi LEVEN Full Name Mailing Address TITLE OR POSITION	y by name, address (phone numberson, TAMARA MELZER, , , , 12501 Imperial Highway #200 Norwalk	er – optional)	CA STATE A	90650 ZIP CODE A
esignated Agent: Identi LEVEN Full Name Mailing Address TITLE OR POSITION POF Anks or Other Deposite	y by name, address (phone number SON, TAMARA MELZER, , , 12501 Imperial Highway #200 Norwalk Norwalk CITY	er – optional)	CA STATE A	90650 ZIP CODE A
esignated Agent: Identi LEVEN Full Name Mailing Address TITLE OR POSITION POF anks or Other Deposite afety deposit boxes or mailing and a control of the	y by name, address (phone number SON, TAMARA MELZER, , , 12501 Imperial Highway #200 Norwalk Norwalk CITY	er – optional)	CA STATE A	90650 ZIP CODE A
esignated Agent: Identi LEVEN Full Name Mailing Address TITLE OR POSITION POF anks or Other Deposite afety deposit boxes or mame of Bank,	y by name, address (phone number SON, TAMARA MELZER, , , 12501 Imperial Highway #200 Norwalk Norwalk CITY	er – optional)	CA STATE A	90650 ZIP CODE A
esignated Agent: Identi LEVEN Full Name Mailing Address TITLE OR POSITION POF anks or Other Deposite afety deposit boxes or mame of Bank,	y by name, address (phone number SON, TAMARA MELZER, , , 12501 Imperial Highway #200 Norwalk Norwalk CITY	er – optional)	CA STATE A	90650 ZIP CODE A
esignated Agent: Identi LEVEN Full Name Mailing Address TITLE OR POSITION POF anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number SON, TAMARA MELZER, , , 12501 Imperial Highway #200 Norwalk Norwalk CITY	er – optional)	CA STATE A	90650 ZIP CODE A
esignated Agent: Identi LEVEN Full Name Mailing Address TITLE OR POSITION POF anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number SON, TAMARA MELZER, , , 12501 Imperial Highway #200 Norwalk Norwalk CITY	er – optional)	CA STATE A	90650 ZIP CODE A