FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

12FE4M5

1. NAME OF COMMITTEE (in full)

☐ (Check if name is changed)

Example: If typing, type over the lines.

BOB MC CLOSKEY FOR CONGRESS

ADDRESS (number and street) ▼

☐ (Check if address is changed)

555 S. FLOWER STREET SUITE 4210

LOS ANGELES · · · · · CITY ▲

CA STATE ▲

90071 - ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

213 - 489 - 4792

2. DATE 02 / 03 / 2006

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. GOULD**

Signature of Treasurer

Date 02 / 03 / 2006

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.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

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(Revised 02/2003)

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5. **TYPE OF COMMITTEE** (Check One)

(a) [X] 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   **R O B E R T G M C C L O S K E Y**

Candidate Party Affiliation   **D E M**   Office Sought: [X] House   [ ] Senate   [ ] President   State **C A**   District **2 9**

(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

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 GOULD**

Mailing Address: **555 S FLOWER STREET SUITE 4210**

LOS ANGELES | **CA** | **90071** -

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: **DAVID GOULD**

Mailing Address: **555 S FLOWER STREET SUITE 4210**

LOS ANGELES | **CA** | **90071** -

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

TREASURER   Telephone number **213** - **489** - **4792**

Full Name of Designated Agent:

Mailing Address:

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

Telephone number

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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.

CALIFORNIA BANK & TRUST

Mailing Address　　550 SOUTH HOPE STREET

LOS ANGELES　　　　　　CA　　90071 -

　　　　　　　　　　　　CITY ▲　　　　　　STATE ▲　　　　ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

　　　　　　　　　　　　CITY ▲　　　　　　STATE ▲　　　　ZIP CODE ▲

Federal Election Commission
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[signature]
PREPARER

2/7/06
DATE PREPARED

(3/2005)