FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 7

2012 JAN 23 AM 11: 33

FORM 1		ORGANIZA	ATION		EGMANDORFATER
1. NAME OF COMMITTEE (in	ı full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Gould for (Congress	1 1 1 1 1 1 1	<u> </u>		
ADDRESS (number a	nd street)) Box 3145		<u></u>	
(Check if an is changed)		ke Havasu	City	ΑZ	86405 _ 3145
		ſ	CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	AIL ADDRESS (Ple	ease provide only one e	-mail address)		
(Check if	address	puldforcongr	ress@gmail.com	7	
is change					
COMMITTEE'S WEE	address	s (URL) ww.RonGou	ild.com		<u>: </u>
2. DATE 0	1 11 /	2012			
3. FEC IDENTIFI	CATION NUMBER	4 C 0(0506253		
4. IS THIS STATE	MENT N	IEW (N) OR	AMENDED (A)		
I certify that I have	examined this Stat	ement and to the best	of my knowledge and belief it	is true, correc	t and complete.
Type or Print Name	of Treasurer	anice Gould			THE P. NOT STREET, who proper to the Street
Signature of Treasur	er 70 00	ue yo	uld 9	Date Ö1	" 11° 2012 °
NOTE: Submission of			may subject the person signing ON SHOULD BE REPORTED W		the penalties of 2 U.S.C. §437g.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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	COMMITTEE	
Cendidat	e Committee:	
(a) 🔀	This committee is a principal campaign committee. (Complete the candidate information below	v.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	mplete the candidate
Name of Candidate	Ron Gould	
Candidate	Pop Office 🖂 🖂	State AZ
Party Affilia	tion Rep Sought: X House Senate President	District 4
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	•
Name of Candidate		
Party Co	mmittee:	
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its c	onnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	Cooperative
<i>"</i> ъ Г		appropriated found on more.
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated lund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
laint Eur	draising Poprocontative	
_	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidat	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Co	mmittees Participating in Joint Fundraiser	
1.		
2.	FEC ID number C	
3.	FEC ID number C	
4.		

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Write or Type Committee Name	ı	
Gould for Congr	ess	
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representativ	e, or Leadership PAC Sponsor
Mailing Address		.
		1
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Represer	ntative Leadership PAC Sponsor
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number optional) and position of the	person in possession of committee
Full Name Janice	e M. Gould	
Mailing Address	PO Box 3145	
	<u> </u>	
	Lake Havaşu City	86405 3145
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	لـنـــا-لـنـا-لـنــا
Treasurer: List the name are any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee assistant treasurer).	ee; and the name and address of
Full Name Janic	e M. Gould	
Mailing Address	PO Box 3145	
	Lake Havasu City AZ	86405 3145
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	

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Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telephone r	number	
Banks or Other Depos safety deposit boxes o Name of Bank, Deposi			
Name of Bank, Depos	itory, etc.	<u> </u>	
safety deposit boxes o Name of Bank, Deposi	itory, etc.	<u> </u>	
Name of Bank, Depos	itory, etc.		[86403,] - []
Name of Bank, Depos	itory, etc. Ink,of America [10 S.,Acoma,Blvd	AZ J STATE	86403
Name of Bank, Depos	itory, etc. Ink of America 10 S. Acoma Blvd Lake Havasu City CITY		
safety deposit boxes of Name of Bank, Deposition Bank, De	itory, etc. Ink of America 10 S. Acoma Blvd Lake Havasu City CITY	STATE	ZIP CODE
safety deposit boxes of Name of Bank, Deposition Bank, De	itory, etc. Ink of America 10 S. Acoma Blvd Lake Havasu City CITY	STATE	ZIP CODE
Name of Bank, Depos Mailing Address Name of Bank, Depos	itory, etc. Ink of America 10 S. Acoma Blvd Lake Havasu City CITY	STATE	ZIP CODE
Name of Bank, Depos Mailing Address Name of Bank, Depos	itory, etc. Ink of America 10 S. Acoma Blvd Lake Havasu City CITY	STATE	ZIP CODE

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