

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

MARY PALLANT FOR CONGRESS

ADDRESS (number and street)

3700 WILSHIRE BLVD., STE. 1050-B

(Check if address is changed)

LOS ANGELES

CA

90010

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

04 / 08 / 2011

3. FEC IDENTIFICATION NUMBER

C C00415943

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 GOULD

Signature of Treasurer

Electronically Filed by DAVID GOULD

Date

04 / 08 / 2011

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

Office Use Only

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

FEC FORM 1 (Revised 02/2009)



Write or Type Committee Name

**MARY PALLANT FOR CONGRESS**

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

\_\_\_\_\_

\_\_\_\_\_

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.

Full Name

**Mr. David Gould**

Mailing Address

**3700 Wilshire Blvd Ste1050B**

**Los Angeles**

**CA**

**90010** - \_\_\_\_\_

Title or Position ▼

**Treasurer**

CITY ▲

STATE ▲

ZIP CODE ▲

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

**Mr. DAVID GOULD**

Mailing Address

**3700 WILSHIRE BLVD., STE. 1050-B**

**LOS ANGELES**

**CA**

**90010** - \_\_\_\_\_

Title or Position ▼

**Treasurer**

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

**213** -

**489** -

**4792**

Full Name of Designated Agent

Ms. MICHELLE MOORE SANDERS

Mailing Address

3700 WILSHIRE BLVD., STE. 1050-B

LOS ANGELES

CA

90010

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

213

489

4792

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 Ste 100

Los Angeles

CA

90071

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE