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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) DEMOCRATIC PARTY OF ORANGE COUNTY FED PAC 249 E. Ocean Blvd., Suite 685 ADDRESS (number and street) (Check if address is changed) Long Beach 90802 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dlgould@gouldorellana.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 20 2015 C00321943 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. David L. Gould Type or Print Name of Treasurer David L. Gould [Electronically Filed] 07 20 2015 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

c r	EC Form 1 (Pavisod 02/2000)	Page 2				
	OF COMMITTEE	Page 2				
	idate Committee:					
(a)	This committee is a principal campaign committee. (Complete the candidate information bel	ow.)				
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name Candid						
Candid Party <i>A</i>	late Office Sought: House Senate Presiden	State CA t District				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee					
Name (Candid						
Party	Committee:	(D				
(d)	This committee is a SUB (National, State or subordinate) committee of the DEM	(Democratic, Republican, 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 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 committee. (i.e., nonconnected committee)	e segregated 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.)					
Joint I	Fundraising 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 candidate.	•				
(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.	or two or more political				
	Committees Participating in Joint Fundraiser					
	1. FEC ID number					
	2. FEC ID number C					
	3.					
	4.					

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FEC Form 1 (Revise			Page 3			
Write or Type Committee Na	C PARTY OF ORAN	GE COUNTY I	EED DAC			
	d Organization, Affiliated Committee, Jo					
None	- O.g	o				
Mailing Address						
	CITY	STA	TE ZIP CODE			
Relationship: Connec	cted Organization Affiliated Committee	Joint Fundraising Repre	esentative Leadership PAC Sponsor			
 Custodian of Records: lo books and records. 	dentify by name, address (phone number	optional) and position of	the person in possession of committee			
David G	Gould					
	249 E. Ocean Blvd., Suite685					
Mailing Address	1					
	Long Beach	, CA	90802			
Title or Position	CITY	STAT	E ZIP CODE			
Custodian of Records		Telephone number	213 - 489 - 4792			
	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 David G of Treasurer	Gould					
Mailing Address	249 E. Ocean Blvd., Suite 685					
	Long Beach	CA	A 90802			
Title or Desiries	CITY	STAT	E ZIP CODE			
Title or Position Treasurer		Telephone number	213 489 4792			

9.

FEC Form 1 (Revised	d 02/2009)		Page 4				
Full Name of Designated Agent Nadia Mod	lesto - Assistant Treasurer						
Mailing Address	249 E. Ocean Blvd., Suite 685						
	Long Beach CITY	STATE 90802	ZIP CODE				
Title or Position Assistant Treasurer	Telephone nu	mber 213	489 - 4792				
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 So. Hope St.						
	Los Angeles	CA 90071					
	CITY	STATE	ZIP CODE				
Name of Bank, Depository, etc.							
Mailing Address							
	CITY	STATE	ZIP CODE				

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] 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 [ADDITIONAL] **Designated Agent** Ingrid Orellana Full Name 249 E. Ocean Blvd., Suite 685 Mailing Address Long Beacg CA 90802 Title or Position CITY # **STATE** ZIP CODE Assistant Treasurer 213 Telephone number [ADDITIONAL] Joint Fundraiser Participant FEC ID number