Type or print in ink.

Statement covers period from Jan 1, 2013 through Jan 19, 2013

Date of election if applicable: 13 Jan 24 PM 2:02

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - Officeholder, Candidate Controlled Committee
   - State Candidate Election Committee
   - Recall (Also Complete Part 5)
   - General Purpose Committee
   - Sponsored
   - Small Contributor Committee
   - Political Party/Central Committee
   - Primarily Formed Ballot Measure Committee
   - Controlled
   - Sponsored (Also Complete Part 6)
   - Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:
   - Preelection Statement
   - Semi-annual Statement
   - Termination Statement (Also file a Form 410 Termination)
   - Amendment (Explain below)

3. Committee Information

   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   People First COMMITTEE

   STREET ADDRESS (NO. PO. BOX)
   980 Palm Ave. #205

   CITY
   West Hollywood

   STATE
   CA

   ZIP CODE
   90069

   AREA CODE/PHONE
   310-858

   MAILING ADDRESS (IF DIFFERENT)
   Same

   CITY
   West Hollywood

   STATE
   CA

   ZIP CODE
   90069

   AREA CODE/PHONE
   310-858

   OPTIONAL: FAX / E-MAIL ADDRESS
   Elect Tom Demille@yahoo.com

4. Verification
   I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

   Executed on Jan 26 2013

   By
   Signature of Treasurer or Assistant Treasurer

   Executed on Jan 24 2013

   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on

   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Executed on

   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 855/ASK-FPPC (855/275-3772)
State of California
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: 

[Signature]

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE):

West Hollywood City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET):

980 Palm Ave W H 90069

CITY STATE ZIP

980 Palm Ave W H 90069

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME: People First Committee

I.D. NUMBER: 1232349

NAME OF TREASURER: Jonathan Morris

CONTROLLED COMMITTEE?: Yes

COMMITTEE ADDRESS:

980 Palm Ave W H 90069

CITY: STATE: ZIP CODE: AREA CODE/PHONE: 310.852.4180

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER: JURISDICTION:

[ ] SUPPORT [ ] OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD: DISTRICT NO. IF ANY:

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

COMMITTEE NAME: People First Committee

I.D. NUMBER: 1232349

NAME OF TREASURER: Jonathan Morris

CONTROLLED COMMITTEE?: Yes

COMMITTEE ADDRESS:

980 Palm Ave W H 90069

CITY: STATE: ZIP CODE: AREA CODE/PHONE: 310.852.4180

Attach continuation sheets if necessary
### Schedule C Overview

**Nonmonetary Contributions Received**

- **Type or print in ink.**
- **Amounts may be rounded to whole dollars.**
- **Statement covers period**:
  - from ________________
  - through ________________

**NAME OF FILER**

---

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)</th>
<th>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT OR FAIR MARKET VALUE</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/2/12</td>
<td>Top Hat Cleaners, Crescent Square, W. H., 90046</td>
<td>IND</td>
<td></td>
<td>$20 gift</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/17/13</td>
<td>Ralph Spero Music Fountain, 664 W. H., 90046</td>
<td>IND</td>
<td></td>
<td>$20 gift</td>
<td></td>
<td></td>
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<td>1/21/13</td>
<td>Hair Design, Santa Monica Plaza West, 90046</td>
<td>IND</td>
<td></td>
<td>$5 gift</td>
<td></td>
<td></td>
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<tr>
<td>12/23/12</td>
<td>Marcus's, Santa Monica Plaza West, 90046</td>
<td>IND</td>
<td></td>
<td>2 full dinner</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

*Attach additional information on appropriately labeled continuation sheets.*

**SUBTOTAL $**

---

**Schedule C Summary**

1. **Amount received this period – itemized nonmonetary contributions.**
   (Include all Schedule C subtotals.) ........................................... $ 300.00

2. **Amount received this period – unitemized nonmonetary contributions of less than $100**
   ................................................................. $ 0

3. **Total nonmonetary contributions received this period.**
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .................. TOTAL $ 300.00

---

*Contributor Codes

IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee*
## Schedule C
### Nonmonetary Contributions Received

**NAME OF FILER:** Tom Demille 
**I.D. NUMBER:** 1232349

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/13</td>
<td>Sun Bee Hogan, 3500 Sunset Blvd. W 14, 90069</td>
<td>□ IND</td>
<td>☑ COM</td>
<td>Gift</td>
<td>$25</td>
<td>$25</td>
<td></td>
</tr>
<tr>
<td>1/1/13</td>
<td>Warren Burton</td>
<td>□ IND</td>
<td>☑ COM</td>
<td>County</td>
<td>$25</td>
<td>$25</td>
<td></td>
</tr>
</tbody>
</table>

**Attach additional information on appropriately labeled continuation sheets.**

**SUBTOTAL:** $300.00

### Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.  
   (Include all Schedule C subtotals.) ................................................................. $ 300.00

2. Amount received this period – unitemized nonmonetary contributions of less than $100 ................................................................. $ 0

3. Total nonmonetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .................................................. TOTAL $ 300.00

---

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
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