Statement of Organization
Recipient Committee

Statement Type  □ Initial
□ Amendment
□ Termination – See Part 5

03/01/2014
Date qualified as committee

1. Committee Information
NAME OF COMMITTEE
D'ARICO FOR COUNCIL 2015

STREET ADDRESS (NO P.O. BOX)
8623 RUGBY DR.

CITY
WEST HOLLYWOOD
STATE
CA
ZIP CODE
90069
AREA CODE/PHONE
(310) 498-5763

MAILING ADDRESS (IF DIFFERENT)
3699 WILSHIRE BLVD., STE. 1290
LOS ANGELES, CA 90010

FAX/E-MAIL ADDRESS
OURKEROHE.COM

COUNTY OF DOMICILE
LOS ANGELES
JURISDICTION WHERE COMMITTEE IS ACTIVE
WEST HOLLYWOOD

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers
NAME OF TREASURER
CARY DAVIDSON

STREET ADDRESS (NO P.O. BOX)
3699 WILSHIRE BLVD., STE. 1290
LOS ANGELES, CA 90010

CITY
LOS ANGELES
STATE
CA
ZIP CODE
90010
AREA CODE/PHONE
(213) 624-6200

NAME OF ASSOCIATED TREASURER, IF ANY
FLORA YIN

STREET ADDRESS (NO P.O. BOX)
3699 WILSHIRE BLVD., STE. 1290
LOS ANGELES, CA 90010

CITY
LOS ANGELES
STATE
CA
ZIP CODE
90010
AREA CODE/PHONE
(213) 624-6200

NAME OF PRINCIPAL OFFICER(S)

3. Verification
I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 3/1/14 By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 3/1/14

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent
Statement of Organization
Recipient Committee

All committees must list the financial institution where the campaign bank account is located.

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>ARIA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALIFORNIA BANK &amp; TRUST</td>
<td>(213) 228-1728</td>
<td>3240553611</td>
</tr>
</tbody>
</table>

ADDRESS: 550 S. HOPE STREET
CITY: LOS ANGELES
STATE: CA
ZIP CODE: 90071

4. Type of Committee: Complete the applicable sections:

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.

- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."

- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOHN D'AMICO</td>
<td>WEST HOLLYWOOD CITY COUNCIL</td>
<td>2015</td>
<td>☐ Nonpartisan</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee** Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
4. Type of Committee

- **General Purpose Committee**: Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
  - [ ] CITY Committee
  - [ ] COUNTY Committee
  - [ ] STATE Committee

Provide brief description of activity

- **Sponsored Committee**: List additional sponsors on an attachment.

<table>
<thead>
<tr>
<th>NAME OF SPONSOR</th>
<th>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET ADDRESS</td>
<td>CITY</td>
</tr>
</tbody>
</table>

- **Small Contributor Committee**: [ ] __/__/__

Date qualified

5. Termination Requirements

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

-- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

-- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.