Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
   - Officierholder, 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 5)
   - Primarily Formed Candidate/Officiholder Committee (Also Complete Part 7)

2. Type of Statement:
   - Preliminary 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)
   D'AMICO FOR COUNCIL 2015

   STREET ADDRESS (NO P.O. BOX)
   8623 RUGBY DR.
   CITY
   WEST HOLLYWOOD
   STATE
   CA
   ZIP CODE
   90069
   AREA CODE/PHONE
   (310) 420-5763

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   515 S. FIGUEROA ST. STE. 1110
   CITY
   LOS ANGELES
   STATE
   CA
   ZIP CODE
   90071
   AREA CODE/PHONE
   (213) 624-6200

   OPTIONAL: FAX / E-MAIL ADDRESS
   OURNISHOM.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 07/18/2014
Date

Executed on 07/18/2014
Date

Executed on
Date

Executed on
Date

Signatures of Treasurer or Assistant Treasurer

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

Signature of Controlling Officierholder, Candidate, State Measure Proponent

Signature of Controlling Officierholder, Candidate, State Measure Proponent

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State of California
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>JOHN D'AMICO</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>WEST HOLLYWOOD CITY COUNCIL</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>8623 RUGBY DR.</td>
</tr>
<tr>
<td>CITY</td>
<td>WEST HOLLYWOOD</td>
</tr>
<tr>
<td>STATE</td>
<td>CA</td>
</tr>
<tr>
<td>ZIP</td>
<td>90069</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>STREET ADDRESS (NO. P.O. BOX)</td>
<td>CITY</td>
</tr>
<tr>
<td>STATE</td>
<td>ZIP CODE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
</tr>
<tr>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

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.

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD |
| SUPPORT | OPPOSE |

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD |
| SUPPORT | OPPOSE |

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD |
| SUPPORT | OPPOSE |

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD |
| SUPPORT | OPPOSE |

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD |
| SUPPORT | OPPOSE |

Attach continuation sheets if necessary.
# Campaign Disclosure Statement
## Summary Page

**Name of Filer:** D'Amico for Council 2015

**Statement covers period:**
- From: 01/01/2014
- Through: 06/30/2014

<table>
<thead>
<tr>
<th>Contributions Received</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Monetary Contributions</strong></td>
<td>Schedule A, Line 3</td>
<td>$1,500.00</td>
</tr>
<tr>
<td><strong>2. Loans Received</strong></td>
<td>Schedule B, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>3. SUBTOTAL CASH CONTRIBUTIONS</strong></td>
<td>Add Lines 1 + 2</td>
<td>$1,500.00</td>
</tr>
<tr>
<td><strong>4. Nonmonetary Contributions</strong></td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>5. TOTAL CONTRIBUTIONS RECEIVED</strong></td>
<td>Add Lines 3 + 4</td>
<td>$1,500.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditures Made</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6. Payments Made</strong></td>
<td>Schedule E, Line 4</td>
<td>$50.00</td>
</tr>
<tr>
<td><strong>7. Loans Made</strong></td>
<td>Schedule H, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>8. SUBTOTAL CASH PAYMENTS</strong></td>
<td>Add Lines 6 + 7</td>
<td>$50.00</td>
</tr>
<tr>
<td><strong>9. Accrued Expenses (Unpaid Bills)</strong></td>
<td>Schedule F, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>10. Nonmonetary Adjustment</strong></td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>11. TOTAL EXPENDITURES MADE</strong></td>
<td>Add Lines 8 + 9 + 10</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*

<table>
<thead>
<tr>
<th>Date of Election</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm/dd/yy</td>
<td>$</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.

## Current Cash Statement

12. Beginning Cash Balance | Previous Summary Page, Line 16 | $0.00 |

13. Cash Receipts | Column A, Line 3 above | $1,500.00 |

14. Miscellaneous Increases to Cash | Schedule I, Line 4 | $0.00 |

15. Cash Payments | Column A, Line 8 above | $50.00 |

16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | $1,450.00 |

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | $0.00 |

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents | See instructions on reverse | $0.00 |

19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | $0.00 |

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## Schedule A
### Monetary Contributions Received

**Type or print in ink.**
Amounts may be rounded to whole dollars.

<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>AMOUNT RECEIVED THIS PERIOD</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>02/22/2014</td>
<td>JOHN ARTHUR ALTSCUL 8787 SHOREHAM DR., PH. B WEST HOLLYWOOD, CA 90069</td>
<td>IND</td>
<td>ATTORNEY JOHN A. ALTSCUL, ATTORNEY AT LAW</td>
<td>500.00</td>
<td>500.00</td>
<td>02015 500.00</td>
</tr>
<tr>
<td>03/01/2014</td>
<td>JOHN D'AMICO 8621 RUGBY DR. WEST HOLLYWOOD, CA 90069</td>
<td>IND</td>
<td>PRINCIPAL PROJECT MANAGER UCLA ORTHOPEDIC REPLACEMENT HOSPITAL</td>
<td>500.00</td>
<td>500.00</td>
<td>02015 500.00</td>
</tr>
<tr>
<td>04/28/2014</td>
<td>ABBY STAMELMAN HOCKY 19 RAUCLEN DR., BALA CYNWYD, PA 19004</td>
<td>IND</td>
<td>EXECUTIVE DIRECTOR INTERFAITH CENTER OF PHILADELPHIA</td>
<td>500.00</td>
<td>500.00</td>
<td>02015 500.00</td>
</tr>
</tbody>
</table>

### Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ................................................................. $ 1,500.00

2. Amount received this period – unitemized monetary contributions of less than $100 ....... $ 0.00

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ...... TOTAL $ 1,500.00

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*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

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Schedule E Payments Made

Statement covers period
from 01/01/2014
through 06/30/2014

NAME OF FILER

D'AMICO FOR COUNCIL 2015

I.D. NUMBER
1364628

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CNP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MIR member communications
MTG meetings and appearances
OFI office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
RTT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 0.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 0.00
2. Unitemized payments made this period of under $100 $ 50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 50.00

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