Statement of Organization Recipient Committee

1. Committee Information

NAME OF 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) 498-5783

MAILING ADDRESS (IF DIFFERENT)
515 S. FIGUEROA ST., STE. 1110
LOS ANGELES, CA 90071

FAX/E-MAIL ADDRESS
COURT@GORE.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)
515 S. FIGUEROA STREET, STE. 1110

CITY
LOS ANGELES

STATE
CA

ZIP CODE
90071

AREA CODE/PHONE
(213) 624-6200

NAME OF ASSISTANT TREASURER, IF ANY
FLORENCIA MADISON

STREET ADDRESS (NO P.O. BOX)
515 S. FIGUEROA STREET, STE. 1110

CITY
LOS ANGELES

STATE
CA

ZIP CODE
90072

AREA CODE/PHONE
(213) 624-6200

NAME OF PRINCIPAL OFFICERS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 07/11/2014 By ____________________________

SIGNATURE OF TREASURER OR DESIGNATED TREASURER

Executed on 07/11/2014 By ____________________________

SIGNATURE OF CONTROLLING OFFICER, HOLDER, CANDIDATE, OR STATE MEASURE PROPOSENT

Executed on By ____________________________

SIGNATURE OF CONTROLLING OFFICER, HOLDER, CANDIDATE, OR STATE MEASURE PROPOSENT

Executed on By ____________________________

SIGNATURE OF CONTROLLING OFFICER, HOLDER, CANDIDATE, OR STATE MEASURE PROPOSENT

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (886/275-3772)
www.fppc.ca.gov