Statement of Organization Recipient Committee

1. Committee Information

NAME OF COMMITTEE
D’AMICO FOR COUNCIL 2015

STREET ADDRESS (NO P.O. BOX)
8228 W. SUNSET BLVD., STE. 109

CITY STATE ZIP CODE AREA CODE/PHONE
WEST HOLLYWOOD, CA 90066 (310) 498-5783

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

FAX/E-MAIL ADDRESS
OURWEB@ME.COM

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
LOS ANGELES 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 STATE ZIP CODE AREA CODE/PHONE
LOS ANGELES, CA 90071 (213) 624-6200

NAME OF ASSISTANT TREASURER, IF ANY
FLORA YIN

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

CITY STATE ZIP CODE AREA CODE/PHONE
LOS ANGELES, CA 90071 (213) 624-6200

NAME OF PRINCIPAL OFFICER(S)

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 01/22/2015 By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/22/2015 By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on By

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