Statement of Organization
Recipient Committee

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

Not yet qualified ☐ or

List I.D. number:

# 1364628
03/01/2014

Date qualified as committee

# 1364628
05/31/2015

Date qualified as committee (if applicable)

Date of Termination

1. Committee Information

NAME OF COMMITTEE
D’ANICO FOR COUNCIL 2015

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

CITY
WEST HOLLYWOOD, CA

STATE
90046

ZIP CODE

AREA CODE/PHONE
(310) 498-5783

MAILING ADDRESS (IF DIFFERENT)
515 S. FIGUEROA ST., STE. 1110

LOS ANGELES, CA

STREET ADDRESS
515 S. FIGUEROA STREET, STE. 1110

LOS ANGELES, CA

TAX/E-MAIL ADDRESS
OURWEBSITE.COM

CITY
LOS ANGELES

STATE
90071

ZIP CODE

AREA CODE/PHONE
(213) 624-6200

COUNTY OF Domicile
LOS ANGELES

JURISDICTION WHERE COMMITTEE IS ACTIVE
WEST HOLLYWOOD

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, CA

STATE
90071

ZIP CODE

AREA CODE/PHONE
(213) 624-6200

NAME OF ASSISTANT TREASURER, IF ANY
FLORA YIN

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

CITY
LOS ANGELES, CA

STATE
90071

ZIP CODE

AREA CODE/PHONE
(213) 624-6200

NAME OF PRINCIPAL OFFICERS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

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 06/01/2015 By

DATE

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 06/01/2015 By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOINENT

DATE

Executed on

DATE

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOINENT

Executed on

DATE

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOINENT

DATE

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOINENT

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