Statement of Organization
Recipient Committee

Statement Type  [x] Initial
Not yet qualified  [ ] or Amendment  [ ]
Termination – See Part 5  [ ]
List I.D. number:  #
Date qualified as committee  08/17/2010
Date qualified as committee (if applicable)  
Date of Termination  

1. Committee Information

NAME OF COMMITTEE

JOHN D'AMICO FOR CITY COUNCIL 2011

STREET ADDRESS (NO PO. BOX)
8623 RUGBY DR.

CITY  STATE  ZIP CODE  AREA CODE/PHONE
WEST HOLLYWOOD, CA  90069  (310) 498-5783

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

OPTIONAL: FAX/E-MAIL ADDRESS

OURWEBHOME.COM

COUNTY OF DOMICILE

LO STORY ANGELES

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

JAMES A. SIVESIND

STREET ADDRESS
3699 WILSHIRE BLVD., #1290

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

NAME OF ASSISTANT TREASURER, IF ANY

FLORA YIN

STREET ADDRESS
3699 WILSHIRE BLVD., #1290

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

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

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  08/18/2010

By ____________________________________________
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on  08/18/2010

By ____________________________________________
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOINENT

Executed on

By ____________________________________________
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOINENT

Executed on

By ____________________________________________
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOINENT

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FPPC Form 410 (June/09)
FPPC Toll-Free Helpline: 888/ASK-FPPC
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 "non-partisan."

- 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>2011</td>
<td>☑ Non-Partisan</td>
</tr>
</tbody>
</table>

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALIFORNIA BANK &amp; TRUST</td>
<td>(213) 228-1728</td>
<td>3240391981</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>550 S. HOPE ST., #100</td>
<td>LOS ANGELES</td>
<td>CA</td>
<td>90071</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>Support</td>
<td>Oppose</td>
</tr>
<tr>
<td></td>
<td>Support</td>
<td>Oppose</td>
</tr>
</tbody>
</table>

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FFPC Toll-Free Helpline: 866/ASK-FPPC
4. Type of Committee (Continued)

**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.

**Name of Sponsor**

**Industry Group or Affiliation of Sponsor**

**Street Address**

**No. and Street**

**City**

**State**

**Zip Code**

**Small Contributor Committee** ☐ Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- 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.

-- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.