Statement of Organization
Recipient Committee

1. Committee Information

NAME OF COMMITTEE
JOHN D'AMICO FOR CITY COUNCIL 2011

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

CITY
WEST HOLLYWOOD, CA 90069

STREET ADDRESS (IF DIFFERENT)
3699 WILSHIRE BLVD., #1290

MAILING ADDRESS (IF DIFFERENT)
3699 WILSHIRE BLVD., #1290

OPTIONAL: FAX / E-MAIL ADDRESS
OURWHEREEME.COM

COUNTY OF DOMICILE
LOS ANGELES

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER
JERRY MARGARET SIMMONS

STREET ADDRESS
3699 WILSHIRE BLVD., #1290

CITY
LOS ANGELES, CA 90010

STATE
CA

ZIP CODE
90010

AREA CODE/PHONE
(213) 624-6200

NAME OF ASSISTANT TREASURER, IF ANY
FLORA YIN

STREET ADDRESS
3699 WILSHIRE BLVD., #1290

CITY
LOS ANGELES, CA 90010

STATE
CA

ZIP CODE
90010

AREA CODE/PHONE
(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 01/27/2011

By ____________________________
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/27/2011

By ____________________________
SIGNATURE OF CONTROLLING OFFICER, HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on ______________________

By ____________________________
SIGNATURE OF CONTROLLING OFFICER, HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on ______________________

By ____________________________
SIGNATURE OF CONTROLLING OFFICER, HOLDER, CANDIDATE, OR STATE MEASURE PROponent

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