Statement of Organization
Recipient Committee

Statement Type  □ Initial
□ Amendment
Not yet qualified □ or

List I.D. number:
# 1330775
08/17/2010

Date qualified as committee
Date qualified as committee (if applicable)

Termination – See Part 5
□

List I.D. number:
#

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
WEST HOLLYWOOD, CA

STATE ZIP CODE AREA CODE/PHONE
CALIFORNIA 90069 (310) 498-5783

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS
OURNEBOMBE.COM

COUNTY OF DOMICILE
LOS ANGELES

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
KEITH RAND

STREET ADDRESS
8623 RUGBY DR.

CITY
WEST HOLLYWOOD, CA

STATE ZIP CODE AREA CODE/PHONE
CALIFORNIA 90069 (310) 498-5783

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY

STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

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 08/25/2011
DATE

By
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 08/25/2011
DATE

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

Executed on
DATE

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

Executed on
DATE

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

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FPPC Form 410 (June/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
JOHN D'AMICO FOR CITY COUNCIL 2011

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>
<tr>
<td>ADDRESS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>550 S. HOPE ST., #100</td>
<td></td>
<td>LOS ANGELES CA 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></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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STATEMENT OF ORGANIZATION
CALIFORNIA FORM 410

2 of 3

I.D. NUMBER
1330775

FPPC Form 410 (June/09)
FPPC 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.