

**Statement of Organization  
Recipient Committee**

**Statement Type**

Initial

Not yet qualified  or

**Amendment**

List I.D. number:

# 1364628

03/01/2014

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

Date qualified as committee  
(If applicable)

**Termination – See Part 5**

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

<b>RECEIVED</b> CITY OF WEST HOLLYWOOD 15 JAN 23 AM 10:55 OFFICE OF THE CITY CLERK	<b>CALIFORNIA FORM 410</b> For Official Use Only
---	---

**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		90046	(310) 498-5783

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

FAX/E-MAIL ADDRESS  
OURWEHO@ME.COM

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
LOS ANGELES	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	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
------	-------	----------	-----------------

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 01/22/2015 By \_\_\_\_\_  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/22/2015 By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT