

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

RECEIVED
CITY OF WEST HOLLYWOOD
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CALIFORNIA
FORM **460**

Page 1 of 59

For Official Use Only

Statement covers period

from 07/01/2014

through 12/31/2014

Date of election if applicable
(Month, Day, Year)

03/03/2015

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1364628

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO 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
<u>WEST HOLLYWOOD</u>	<u>CA</u>	<u>90046</u>	<u>(310) 498-5783</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
515 S. FIGUEROA ST., STE. 1110

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>LOS ANGELES</u>	<u>CA</u>	<u>90071</u>	

OPTIONAL: FAX / E-MAIL ADDRESS
OURWEHO@ME.COM

Treasurer(s)

NAME OF TREASURER
CARY DAVIDSON

MAILING ADDRESS
515 S. FIGUEROA STREET, STE. 1110

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>LOS ANGELES</u>	<u>CA</u>	<u>90071</u>	<u>(213) 624-6200</u>

NAME OF ASSISTANT TREASURER, IF ANY
FLORA YIN

MAILING ADDRESS
515 S. FIGUEROA STREET, STE. 1110

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>LOS ANGELES</u>	<u>CA</u>	<u>90071</u>	<u>(213) 624-6200</u>

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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
Date

Executed on 01/22/2015
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 59

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

JOHN D'AMICO

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

WEST HOLLYWOOD CITY COUNCIL

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

8228 W. SUNSET BLVD., STE. 109 WEST HOLLYWOOD CA 90046

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	12/31/2014	Page <u>3</u> of <u>59</u>
NAME OF FILER		I.D. NUMBER
D'AMICO FOR COUNCIL 2015		1364628

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 74,315.00	\$ 75,815.00
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 74,315.00	\$ 75,815.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 74,315.00	\$ 75,815.00

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

		Column A	Column B
6. Payments Made	Schedule E, Line 4	\$ 27,584.35	\$ 27,634.35
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 27,584.35	\$ 27,634.35
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	3,447.50	3,447.50
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 31,031.85	\$ 31,081.85

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*	
(If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 1,450.00
13. Cash Receipts	Column A, Line 3 above	74,315.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	4.01
15. Cash Payments	Column A, Line 8 above	27,584.35
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 48,184.66

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 3,447.50

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2014</u>		CALIFORNIA FORM 460
through <u>12/31/2014</u>		
Page <u>4</u> of <u>59</u>		I.D. NUMBER 1364628

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

D'AMICO FOR COUNCIL 2015

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2014	1250 NORTH INVESTMENTS LLC 23421 S. POINTE DR., STE. 270 LAGUNA HILLS, CA 92653	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G2015 \$250.00
12/17/2014	1415 DEVLIN, LLC 451 N. CANON DR., STE. 3 BEVERLY HILLS, CA 90210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
12/17/2014	810-VE MELROSE, L.P. 902 CLINT MOORE RD., STE. 220 BOCA RATON, FL 33487	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
12/05/2014	8228 ASSOCIATES, L.P. 8228 SUNSET BLVD., STE. 211 WEST HOLLYWOOD, CA 90046	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	500.00	G2015 \$500.00
12/05/2014	8240 SUNSET ASSOCIATES, INC. 11684 VENTURA BLVD., STE. 807 STUDIO CITY, CA 91604	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	500.00	G2015 \$500.00

SUBTOTAL \$ 1,750.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 71,683.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 2,632.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 74,315.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	12/31/2014	Page 5 of 59
NAME OF FILER		I.D. NUMBER
D'AMICO FOR COUNCIL 2015		1364628

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/04/2014	8550 SMB LLC 11151 MISSOURI AVE. LOS ANGELES, CA 90025	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
08/20/2014	8700 SMB LIMITED PARTNERSHIP 10866 WILSHIRE BLVD., 11TH FL. LOS ANGELES, CA 90024	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	250.00	G2015 \$250.00
12/17/2014	900 STRADELLA VE LLC 250 BOWERY, 2ND FLOOR NEW YORK, NY 10012	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
12/02/2014	MIKKO ALANNE 865 SANBORN AVE., #4 LOS ANGELES, CA 90029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WRITER FINNGATE PICTURES	250.00	250.00	G2015 \$250.00
10/30/2014	JOHN ALBRECHT 7 COMMODORE DR., STE. 255 EMERYVILLE, CA 94608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AVIATION MARKETING MANAGER PORT OF OAKLAND	500.00	500.00	G2015 \$500.00
SUBTOTAL \$				1,875.00		

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 IND - Individual
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 (other than PTY or SCC)
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 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	12/31/2014	Page 6 of 59

NAME OF FILER D'AMICO FOR COUNCIL 2015	I.D. NUMBER 1364628
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/23/2014	BENJAMIN ANDERSON 4200 SEPULVEDA BLVD., STE. 100 CULVER CITY, CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARCHITECT R&A DESIGN INC.	500.00	500.00	G2015 \$500.00
09/23/2014	BENJAMIN ANDERSON 4200 SEPULVEDA BLVD., STE. 100 CULVER CITY, CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARCHITECT R&A DESIGN INC.	500.00	500.00	G2015 \$500.00
10/06/2014	BENJAMIN ANDERSON 4200 SEPULVEDA BLVD., STE. 100 CULVER CITY, CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARCHITECT R&A DESIGN INC.	-500.00	500.00	G2015 \$500.00
12/02/2014	ANIMAL ALLIANCE 1022 TOWER RD. BEVERLY HILLS, CA 90210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
12/30/2014	ANIMAL ALLIANCE 1022 TOWER RD. BEVERLY HILLS, CA 90210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-500.00	500.00	G2015 \$500.00
SUBTOTAL \$				500.00		

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 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	12/31/2014	Page 7 of 59
NAME OF FILER		I.D. NUMBER
D'AMICO FOR COUNCIL 2015		1364628

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/07/2014	PETER ANTON 7777 HOLLYWOOD BLVD., #309 LOS ANGELES, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PHYSICIAN UCLA MEDICAL CENTER	150.00	150.00	G2015 \$150.00
12/13/2014	JAMES ARNONE 3960 DECKER CANYON RD. MALIBU, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY LATHAM & WATKINS	500.00	500.00	G2015 \$500.00
08/04/2014	RICHARD F. AZAR 8161 LAUREL VIEW DR. LOS ANGELES, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARCHITECT UCLA	100.00	100.00	G2015 \$100.00
11/02/2014	EDWARD J. BAKER 44 BOYLSTON ST., #2 JAMAICA PLAIN, MA 02130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VETERINARIAN CRAZY PAWS VETERINARY HOSPITAL	100.00	100.00	G2015 \$100.00
12/09/2014	SOL BARKET 225 W. HUBBARD ST., STE. 650 CHICAGO, IL 60654	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PARTNER CONDOR PARTNERS	500.00	500.00	G2015 \$500.00
SUBTOTAL \$				1,350.00		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	12/31/2014	Page 8 of 59
NAME OF FILER		I.D. NUMBER
D'AMICO FOR COUNCIL 2015		1364628

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/02/2014	ANDREW BARQUERA 8400 DELONGPRE AVE., #312 WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HEALTHCARE ADMINISTRATOR CEDARS-SINAI MEDICAL CENTER	100.00	100.00	G2015 \$100.00
07/07/2014	ALAN J. BERNSTEIN 935 N. HARPER AVE. WEST HOLLYWOOD, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT HARPER MANAGEMENT	500.00	500.00	G2015 \$500.00
09/22/2014	BIKES AND HIKES LA 8743 SANTA MONICA BLVD. WEST HOLLYWOOD, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
08/10/2014	CATHY BLAIVAS 1139 N. VISTA ST. WEST HOLLYWOOD, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PERSONAL ASSISTANT GERALD OPPENHEIMER	250.00	250.00	G2015 \$250.00
08/10/2014	LARRY BLOCK 737 HUNTLEY DR. WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER BLOCK PARTY WEHO	100.00	100.00	G2015 \$100.00
SUBTOTAL \$				1,450.00		

*Contributor Codes
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 (other than PTY or SCC)
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 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	12/31/2014	Page <u>9</u> of <u>59</u>
NAME OF FILER		I.D. NUMBER
D'AMICO FOR COUNCIL 2015		1364628

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/05/2014	MARSHA BLOCK 27110 GRAND CENTRAL PKWY., STE. 29E FLORAL PARK, NY 11005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO AMERICAN GROUP PSYCHOTHERAPY ASSOCIATION	250.00	250.00	G2015 \$250.00
07/23/2014	CHRIS BOHNERT 2939 GLASCOCK ST. OAKLAND, CA 94601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MASSAGE THERAPIST CHRIS BOHNERT	250.00	250.00	G2015 \$250.00
09/14/2014	JOSEPH BONNER 8620 RUGBY DR. WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONPROFIT EXECUTIVE GREATER LOS ANGELES ZOO ASSOCIATION	100.00	100.00	G2015 \$100.00
07/24/2014	RALPH BRUNEAU 143 N. LARCHMONT BLVD., FLOOR 2 LOS ANGELES, CA 90004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PSYCHOTHERAPIST RALPH BRUNEAU	100.00	100.00	G2015 \$100.00
07/24/2014	GERALD B. BRUVER 8160 GOULD AVE. LOS ANGELES, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	200.00	200.00	G2015 \$200.00

SUBTOTAL \$ 900.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460
	Page <u>10</u> of <u>59</u>
I.D. NUMBER 1364628	

NAME OF FILER

D'AMICO FOR COUNCIL 2015

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/24/2014	ED BUCK 1234 N. LAUREL AVE., #17 WEST HOLLYWOOD, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	500.00	500.00	G2015 \$500.00
11/18/2014	BETSY BUTLER 777 S. FIGUEROA ST., STE. 4050 LOS ANGELES, CA 90017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INTERIM EXECUTIVE DIRECTOR CALIFORNIA WOMEN'S LAW CENTER	100.00	100.00	G2015 \$100.00
12/08/2014	GLORIA BUTLER 8899 BEVERLY BLVD., #618 WEST HOLLYWOOD, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MUSIC INDUSTRY MANAGER GLORIA BUTLER MANAGEMENT	300.00	300.00	G2015 \$300.00
12/17/2014	VICTORIA CARLIN 1270 N. WETHERLY DR. LOS ANGELES, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	500.00	500.00	G2015 \$500.00
12/17/2014	CARLIN PROJECTS INC. 9200 W. SUNSET BLVD., STE. 1110 WEST HOLLYWOOD, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
SUBTOTAL \$				1,900.00		

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- PTY - Political Party
- SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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through	12/31/2014	Page 11 of 59
NAME OF FILER		I.D. NUMBER
D'AMICO FOR COUNCIL 2015		1364628

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/18/2014	WILLIAM A. CARRICK 2866 BELDEN DR. LOS ANGELES, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	POLITICAL CONSULTANT CARRICK CONSULTING	500.00	500.00	G2015 \$500.00
09/23/2014	CBS OUTDOOR & AFFILIATED ENTITIES 185 US HIGHWAY 46 FAIRFIELD, NJ 07004 CONTRIBUTION RECEIVED FROM CBS OUTDOOR	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
08/04/2014	RICHARD B. COLBERT 8149 SANTA MONICA BLVD., #490 WEST HOLLYWOOD, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER PPI RELEASING	500.00	500.00	G2015 \$500.00
11/14/2014	MICHAEL COLORGE 7240 NOBLE AVE. VAN NUYS, CA 91405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRODUCT MANAGER X SIGMA PARTNERS	150.00	150.00	G2015 \$150.00
07/23/2014	KIM COOKSON 1908 THAYER AVE. LOS ANGELES, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PSYCHOLOGIST KIM COOKSON	100.00	100.00	G2015 \$100.00
SUBTOTAL \$				1,750.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
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NAME OF FILER		I.D. NUMBER
D'AMICO FOR COUNCIL 2015		1364628

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/11/2014	CRAIG A. GILLET FAMILY THERAPIST, INC. 11847 WILSHIRE BLVD., STE. 300 LOS ANGELES, CA 90025	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	G2015 \$400.00
11/03/2014	BETH CRANSTON 21531 DEERPATH LN. MALIBU, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY UCLA-SANTA MONICA MEDICAL CENTER	200.00	200.00	G2015 \$200.00
09/14/2014	PATRICIA J. D'AMICO 460 E. FERN AVE., #304 REDLANDS, CA 92373	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	200.00	500.00	G2015 \$500.00
11/21/2014	PATRICIA J. D'AMICO 460 E. FERN AVE., #304 REDLANDS, CA 92373	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	300.00	500.00	G2015 \$500.00
08/27/2014	STEVEN L. DAVIS 1215 N. HAYWORTH AVE. #201 WEST HOLLYWOOD, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	STORE MANAGER AIDS HEALTHCARE FOUNDATION	100.00	100.00	G2015 \$100.00
SUBTOTAL \$				1,200.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/15/2014	RON DEAGOSTINE 8842 ROSEWOOD AVE. LOS ANGELES, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SHOWROOM MANAGER EDELMAN LEATHER	100.00	100.00	G2015 \$100.00
12/17/2014	KYLE DEVORROH 2625 S. SEPULVEDA BLVD., #1 LOS ANGELES, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER INVISIBLE ALCHEMY, INC.	500.00	500.00	G2015 \$500.00
09/23/2014	DHG MANAGEMENT CO LLC 551 FIFTH AVENUE NEW YORK, NY 10176	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
08/07/2014	JEANNE DOBRIN 9000 CYNTHIA ST., #200 WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	200.00	200.00	G2015 \$200.00
11/03/2014	NEVIN DOLCEFINO 2953 NICHOLS CANYON RD. LOS ANGELES, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TALENT AGENT INNOVATIVE ARTISTS	100.00	100.00	G2015 \$100.00
SUBTOTAL \$				1,400.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460
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NAME OF FILER

D'AMICO FOR COUNCIL 2015

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/11/2014	JOHN DOUPONCE 1000 WESTMOUNT DR. WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOTEL MANAGER CHAMBERLAIN WEST HOLLYWOOD	500.00	500.00	G2015 \$500.00
12/05/2014	DANIEL DROMY 9440 SANTA MONICA BLVD., STE. 305 BEVERLY HILLS, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADMINISTRATOR DROMY INTERNATIONAL INVESTMENT CORP.	500.00	500.00	G2015 \$500.00
12/05/2014	DAVID DROMY 9440 SANTA MONICA BLVD., STE. 401 BEVERLY HILLS, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE AGENT DROMY INTERNATIONAL INVESTMENT CORP.	500.00	500.00	G2015 \$500.00
12/05/2014	ELY DROMY 615 N. BEDFORD DR. BEVERLY HILLS, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT DROMY INTERNATIONAL INVESTMENT CORP.	500.00	500.00	G2015 \$500.00
09/23/2014	JOHN DURAN 9200 SUNSET BLVD., #PH2 WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY DURAN LAW GROUP	150.00	150.00	G2015 \$150.00
SUBTOTAL \$				2,150.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/23/2014	JOHN DURAN 9200 SUNSET BLVD., #PH2 WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY DURAN LAW GROUP	150.00	150.00	G2015 \$150.00
10/06/2014	JOHN DURAN 9200 SUNSET BLVD., #PH2 WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY DURAN LAW GROUP	-150.00	150.00	G2015 \$150.00
09/23/2014	E.T. LEGG & ASSOCIATES 11684 VENTURA BLVD., STE. 807 STUDIO CITY, CA 91604	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
12/30/2014	KEVIN EHRHART 4277 WOODLEIGH LN. LA CANADA, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY LATHAM & WATKINS	250.00	250.00	G2015 \$250.00
12/17/2014	JUSTIN W. EHRlich 101 WARREN ST., #3220 NEW YORK, NY 10007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRINCIPAL VE EQUIITIES LLC	500.00	500.00	G2015 \$500.00
SUBTOTAL \$				1,250.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
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NAME OF FILER		I.D. NUMBER
D'AMICO FOR COUNCIL 2015		1364628

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12/10/2014	EHRlich ARCHITECTS 10865 WASHINGTON BLVD. CULVER CITY, CA 90232	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
07/31/2014	ELYSE EISENBERG 1230 HORN AVE., #526 WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRODUCER ELYSE EISENBERG	100.00	100.00	G2015 \$100.00
12/13/2014	MARK EISENBERG 311 HUNTLEY DR. LOS ANGELES, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHIEF EXECUTIVE OFFICER MY FAVORITE COMPANY	500.00	500.00	G2015 \$500.00
07/25/2014	DONALD R. ELMBLAD 805 HUNTLEY DR. WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	100.00	G2015 \$100.00
10/04/2014	YAHODA EMRANT 1526 S. BROADWAY LOS ANGELES, CA 90015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CO-OWNER VENICE INVESTMENTS	500.00	500.00	G2015 \$500.00
SUBTOTAL \$				1,700.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2014</u> through <u>12/31/2014</u>		CALIFORNIA FORM 460
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NAME OF FILER D'AMICO FOR COUNCIL 2015		I.D. NUMBER 1364628

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/04/2014	YAHOUDA EMRANI 1526 S. BROADWAY LOS ANGELES, CA 90015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CO-OWNER VENICE INVESTMENTS	500.00	500.00	G2015 \$500.00
10/04/2014	YAHOUDA EMRANI 1526 S. BROADWAY LOS ANGELES, CA 90015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CO-OWNER VENICE INVESTMENTS	500.00	500.00	G2015 \$500.00
12/19/2014	YAHOUDA EMRANI 1526 S. BROADWAY LOS ANGELES, CA 90015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CO-OWNER VENICE INVESTMENTS	-1,000.00	500.00	G2015 \$500.00
07/26/2014	ENTER ENVIRONMENTS INC. 10635 SANTA MONICA BLVD., STE. 175 LOS ANGELES, CA 90025	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
09/23/2014	EXCEL PROPERTY MANAGEMENT SERVICES, INC. 9034 W. SUNSET BLVD. WEST HOLLYWOOD, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
SUBTOTAL \$				1,000.00		

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
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NAME OF FILER		I.D. NUMBER
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09/23/2014	EXI ADELPHI CORPORATION 18653 VENTURA BLVD., #750 TARZANA, CA 91356	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
12/12/2014	STEVEN FISHER 724 OLD YORK RD. JENKINTOWN, PA 19046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHAIRMAN AND CEO PEI-GENESIS, INC.	500.00	500.00	G2015 \$500.00
08/11/2014	FLIPAGRAM, INC. 1288 LAGO VISTA DR. BEVERLY HILLS, CA 90210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	0.00	G2015 \$0.00
09/05/2014	FLIPAGRAM, INC. 1288 LAGO VISTA DR. BEVERLY HILLS, CA 90210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-500.00	0.00	G2015 \$0.00
08/11/2014	GARY R. COHAN MD INC. 150 N. ROBERTSON BLVD., STE. 115 BEVERLY HILLS, CA 90211	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G2015 \$250.00
SUBTOTAL \$				1,250.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

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07/29/2014	SHARON A. GEDAN 7959 WOODROW WILSON DR. LOS ANGELES, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PSYCHOTHERAPIST SHARON A. GEDAN	100.00	100.00	G2015 \$100.00
11/16/2014	MIKEL GERLE 723 WESTMOUNT DR., #205 WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SPECIAL EVENT COORDINATOR CITY OF WEST HOLLYWOOD	100.00	100.00	G2015 \$100.00
08/05/2014	NANCY GERTZ 34 BEECHER TER., #3 NEWTON, MA 02459	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LIFE COACH NANCY GERTZ COACHING	100.00	100.00	G2015 \$100.00
10/28/2014	JOHN GILE 1351 N. CURSON AVE. LOS ANGELES, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSULTANT JOHN GILE & ASSOCIATES, INC.	500.00	500.00	G2015 \$500.00
12/10/2014	ROBERT C. GLAZIER 633 PARA GRANDE LANE SANTA BARBARA, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARCHITECT ROBERT C. GLAZIER, ARCHITECT	500.00	500.00	G2015 \$500.00

SUBTOTAL \$ 1,300.00

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Monetary Contributions Received**

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SCHEDULE A (CONT.)

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D'AMICO FOR COUNCIL 2015		1364628

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/02/2014	CLIFFORD GOLDSTEIN 547 EUCLID ST. SANTA MONICA, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FOUNDER GPI COMPANIES	500.00	500.00	G2015 \$500.00
07/28/2014	MARILYN GOLDSTEIN 1675 WINDING RD. SOUTHAMPTON, PA 18966	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	100.00	G2015 \$100.00
07/31/2014	NATHAN GOLLER 1601 SCHUYLER RD. BEVERLY HILLS, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER PHYLLIS MORRIS ORIGINALS	500.00	500.00	G2015 \$500.00
11/15/2014	JOSEPH GUARDARRAMA 906 N. DOHENY DR., #510 WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY KAUFMAN LEGAL GROUP	500.00	500.00	G2015 \$500.00
12/10/2014	RONALD S. HAFT 1025 THOMAS JEFFERSON ST. NW, STE. 700 E. WASHINGTON, DC 20007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FOUNDER/CHAIRMAN COMBINED PROPERTIES	500.00	500.00	G2015 \$500.00
SUBTOTAL \$				2,100.00		

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 (other than PTY or SCC)
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 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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D'AMICO FOR COUNCIL 2015		1364628

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/06/2014	IRA D. HANDELMAN 20528 VISTA DE ORO PLACE WOODLAND HILLS, CA 91364	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSULTANT HANDELMAN CONSULTING, INC	500.00	500.00	G2015 \$500.00
12/17/2014	JAMES S. HARRIS 4342 BEEMAN AVE. STUDIO CITY, CA 91604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PARTNER BOND STREET PARTNERS	500.00	500.00	G2015 \$500.00
11/18/2014	ROBERT HELLER 1541 MARLAY DR. LOS ANGELES, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AGENCY OWNER OPUS PHOTO	500.00	500.00	G2015 \$500.00
08/28/2014	GERALD A. HILL 945 N. HUDSON AVE., #202 LOS ANGELES, CA 90038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSULTANT HILL AND ASSOCIATES	250.00	250.00	G2015 \$250.00
09/19/2014	CHRIS HOAR 941 W. HAWTHORN ST. SAN DIEGO, CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR HHC LLC	500.00	500.00	G2015 \$500.00
SUBTOTAL \$				2,250.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/29/2014	FRITZ HOELSCHER 2752 BAYSHORE DR. NEWPORT BEACH, CA 92663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE BROKER FRITZ HOELSCHER	500.00	500.00	G2015 \$500.00
11/28/2014	JOSEPH HOGAN 3030 DURAND DR. LOS ANGELES, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIRECTOR, S&P DISNEY	100.00	100.00	G2015 \$100.00
07/29/2014	JEFF HUDSON 4106 BURNET RD. AUSTIN, TX 78756	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	THERAPIST JEFF HUDSON	250.00	250.00	G2015 \$250.00
07/24/2014	ROY W. HUEBNER 8535 W. WEST KNOLL DR., #210 WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE DIRECTOR WOLCOTT ARCHITECTURE	100.00	200.00	G2015 \$200.00
12/18/2014	ROY W. HUEBNER 8535 W. WEST KNOLL DR., #210 WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE DIRECTOR WOLCOTT ARCHITECTURE	100.00	200.00	G2015 \$200.00
SUBTOTAL \$				1,050.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

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11/26/2014	WILLIAM HYNES 553 N. CAHUENGA BLVD. LOS ANGELES, CA 90004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VICE PRESIDENT, SALES AND MARKETING VISIT WEST HOLLYWOOD	100.00	100.00	G2015 \$100.00
08/04/2014	ERICA ITZKOWITZ 50 POPLAR PL. NEW ROCHELLE, NY 10805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGING DIRECTOR BIG APPLE PLAYBACK THEATRE	100.00	100.00	G2015 \$100.00
08/04/2014	KATE R. ITZKOWITZ 5 STATION RD. MINEOLA, NY 11501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FILM EDITOR NBC	100.00	100.00	G2015 \$100.00
11/12/2014	JEFF VALENSON DESIGN 1351 N. CURSON AVE., #208 LOS ANGELES, CA 90046	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
11/14/2014	JOHN COLE INTERIOR DESIGN, INC. 710 N. OAKHURST DR. BEVERLY HILLS, CA 90210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00

SUBTOTAL \$ 1,300.00

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/17/2014	KALI CAPITAL CORP 10800 WILSHIRE BLVD., STE. 401 LOS ANGELES, CA 90024	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
12/09/2014	ABRAHAM KASHEFI 625 WEST KNOLL DR. WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER KASCO	500.00	500.00	G2015 \$500.00
07/24/2014	KEN KATSUMOTO 9285 FLICKER PLACE LOS ANGELES, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CREATIVE EXECUTIVE LIONSGATE	150.00	150.00	G2015 \$150.00
08/13/2014	JUDY KATZ 16 WOODWARD RD. FRAMINGHAM, MA 01701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	108.00	108.00	G2015 \$108.00
07/23/2014	PRISCILLA KAUFF 910 PARK AVE. NEW YORK, NY 10075	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PSYCHOANALYST PRISCILLA KAUFF	300.00	300.00	G2015 \$300.00
SUBTOTAL \$				1,558.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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D'AMICO FOR COUNCIL 2015		1364628

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/07/2014	JAMES KAZAKOS 1010 HAMMOND, #107 WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	100.00	G2015 \$100.00
10/10/2014	MILES P. KELLY 1927 MANNING ST. PHILADELPHIA, PA 19103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MARKETING CONSULTANT THE MARKETING AUDIT, INC.	250.00	250.00	G2015 \$250.00
11/14/2014	EMILE JOSEPH KELMAN 522 N. ROXBURY DR. BEVERLY HILLS, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RECORD PRODUCER EMILE KELMAN	500.00	500.00	G2015 \$500.00
10/10/2014	KIMPTON HOTEL & RESTAURANT GROUP LLC 222 KEARNY ST., STE. 200 SAN FRANCISCO, CA 94108	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
11/12/2014	KINGS 826 999 N. DOHENY DR., #1109 WEST HOLLYWOOD, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00

SUBTOTAL \$ 1,850.00

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER D'AMICO FOR COUNCIL 2015	I.D. NUMBER 1364628
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/26/2014	WILLIAM L. KOHNE 10591 BLYTHE AVE. LOS ANGELES, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHIEF FINANCIAL OFFICER PASTA MAMA INC.	500.00	500.00	G2015 \$500.00
08/20/2014	JOHN KOWALCZYK 852 WESTMOUNT DR. WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PHYSICIAN JOHN KOWALCZYK	100.00	100.00	G2015 \$100.00
12/19/2014	LOU LA MONTE 20522 ROCA CHICA DR. MALIBU, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIRECTOR INTERNATIONAL TV GROUP	100.00	100.00	G2015 \$100.00
07/28/2014	CINDY LANDON 30423 CANWOOD ST., STE. 215 AGOURA HILLS, CA 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRODUCER CINDY LANDON	500.00	500.00	G2015 \$500.00
12/22/2014	DENNIS LAVINTHAL 21731 VENTURA BLVD., #300 WOODLAND HILLS, CA 91364	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EDITOR HITS MAGAZINE	150.00	150.00	G2015 \$150.00

SUBTOTAL \$ 1,350.00

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
D'AMICO FOR COUNCIL 2015		1364628

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/07/2014	JOHN C. LAW 514 PALISADES BEACH RD. SANTA MONICA, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CO-MANAGING DIRECTOR WARLAND INVESTMENTS	500.00	500.00	G2015 \$500.00
11/12/2014	LAW OFFICES OF WILLIAM J. ROUSE 2129 W. ROSECRANS AVE. GARDENA, CA 90249	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
11/12/2014	HYLTON LEA 161 W. CHANNEL RD., #5 SANTA MONICA, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INTERIOR DESIGN CHANNEL ROAD DESIGN STUDIO	250.00	250.00	G2015 \$250.00
11/12/2014	MARK LEHMAN 935 WESTBOURNE DR., #101 WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY LAW OFFICES OF MARK LEHMAN	250.00	250.00	G2015 \$250.00
12/02/2014	AARON G. LEIDER 8580 HILLSIDE AVE. LOS ANGELES, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE BROKER AGL BRENTWOOD, INC.	500.00	500.00	G2015 \$500.00
SUBTOTAL \$				2,000.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
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08/13/2014	MICHAEL W. LEWIS 3010 DEOLINDA DR. HACIENDA HEIGHTS, CA 91745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT LEWIS ASSOCIATES LLC	500.00	500.00	G2015 \$500.00
10/30/2014	JONATHAN LISCHKE 1037 16TH STREET, #8 SANTA MONICA, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHIEF INVESTMENT OFFICER GPI COMPANIES	250.00	250.00	G2015 \$250.00
09/23/2014	JAMES WARD LITZ 8617 RUGBY DR. WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSULTANT JAMES WARD LITZ	100.00	500.00	G2015 \$500.00
11/12/2014	JAMES WARD LITZ 8617 RUGBY DR. WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSULTANT JAMES WARD LITZ	400.00	500.00	G2015 \$500.00
12/31/2014	LORCAN O'HERLIHY ARCHITECTS 1537 S. LA CIENEGA BLVD. LOS ANGELES, CA 90035	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
SUBTOTAL \$				1,750.00		

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Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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11/10/2014	JACK LORENZ 201 S. MANSFIELD AVE. LOS ANGELES, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DEPUTY DIRECTOR OF DEVELOPMENT LOS ANGELES LGBT CENTER	500.00	500.00	G2015 \$500.00
09/23/2014	MARIANNE LOWENTHAL 10133 LOVELANE PL. LOS ANGELES, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE DEVELOPER COMBINED PROPERTY	500.00	500.00	G2015 \$500.00
11/18/2014	MARILYN LOWEY 1 W. CENTURY DR., #8B LOS ANGELES, CA 90067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARTIST LOWEY & CO.	100.00	100.00	G2015 \$100.00
07/24/2014	RICHARD F. MAGGIO 1147 HORN AVE., #4 WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	100.00	G2015 \$100.00
08/05/2014	LISA MAHON 4034 JORDAN LAKE DR. MARIETTA, GA 30062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PSYCHOLOGIST LISA MAHON	200.00	200.00	G2015 \$200.00
SUBTOTAL \$				1,400.00		

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SCHEDULE A (CONT.)

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NAME OF FILER		I.D. NUMBER
D'AMICO FOR COUNCIL 2015		1364628

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/17/2014	MICHELLE C. MASON 1 N. MOORE ST., #1 NEW YORK, NY 10013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JEWELRY DESIGNER CAMPBELL COLLECTIONS	500.00	500.00	G2015 \$500.00
12/02/2014	ARMAITI MAY 12405 VENICE BLVD., #351 LOS ANGELES, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VETERINARIAN ARMAITI MAY	100.00	100.00	G2015 \$100.00
11/18/2014	SCOTT MAYERS 745 MILWOOD AVE. VENICE, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSULTANT SCOTT MAYERS	100.00	100.00	G2015 \$100.00
07/22/2014	JOHN MCCARTHY 1234 S. GRAMERCY PLACE LOS ANGELES, CA 90019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CASTING DIRECTOR JOHN MCCARTHY CASTING	500.00	500.00	G2015 \$500.00
09/05/2014	MATHEW MCCLAIN 413 SCHUYLER RD. SILVER SPRING, MD 20910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PUBLIC HEALTH CONSULTANT MCCLAIN AND ASSOCIATES, INC.	250.00	250.00	G2015 \$250.00
SUBTOTAL \$				1,450.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
D'AMICO FOR COUNCIL 2015		1364628

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/05/2014	MEDIATION OFFICES OF LAURIE L. RIEMER 20143 NE 19TH PL. NORTH MIAMI BEACH, FL 33009	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
10/04/2014	KEVIN MESKIN 832 N. EDINBURGH AVE., #10 LOS ANGELES, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BARBER KEVIN MESKIN	100.00	100.00	G2015 \$100.00
12/02/2014	MIDWAY RENT A CAR, INC. 4751 WILSHIRE BLVD., STE. 120 LOS ANGELES, CA 90010	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G2015 \$250.00
12/31/2014	GEORGE MIHLSTEN 2208 WALNUT AVE. MANHATTAN BEACH, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY LATHAM & WATKINS	250.00	250.00	G2015 \$250.00
11/05/2014	DANA MILLER 445 SEASIDE AVE., #3505 HONOLULU, HI 96815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE ENDLESS SUMMER/HOGTIED RECORDS	250.00	250.00	G2015 \$250.00
SUBTOTAL \$				1,350.00		

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Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	12/31/2014	Page 32 of 59
NAME OF FILER		I.D. NUMBER
D'AMICO FOR COUNCIL 2015		1364628

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08/22/2014	GARY A. MINZER 1015 N. MANSFIELD AVE. LOS ANGELES, CA 90038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT HOLLYWOOD TOW SERVICE, INC.	500.00	500.00	G2015 \$500.00
11/16/2014	DARREN MISARESH 7912 SANTA MONICA BLVD. WEST HOLLYWOOD, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GYM OWNER MANSION FITNESS / PHOENIX EFFECT	250.00	250.00	G2015 \$250.00
08/11/2014	FARHAD MOHIT 1288 LAGO VISTA DR. BEVERLY HILLS, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHIEF EXECUTIVE OFFICER FLIPAGRAM, INC.	500.00	500.00	G2015 \$500.00
09/23/2014	MONARCH INVESTMENT FUND MANAGEMENT 7727 HERSCHEL AVE. LA JOLLA, CA 92037	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
08/10/2014	MICHAEL MOONEY 531 WESTMOUNT DR. WEST HOLLYWOOD, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RESEARCHER SUPERNUTRITION	100.00	100.00	G2015 \$100.00
SUBTOTAL \$				1,850.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
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NAME OF FILER		I.D. NUMBER
D'AMICO FOR COUNCIL 2015		1364628

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09/27/2014	DUNCAN JOSEPH MOORE 8832 CASHIO ST. LOS ANGELES, CA 90035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY LATHAM & WATKINS, LLP	500.00	500.00	G2015 \$500.00
07/24/2014	DOUGLAS M. MORELAND 10865 SAVONA RD. LOS ANGELES, CA 90077	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARCHITECT DOUGLAS MORELAND	500.00	500.00	G2015 \$500.00
11/14/2014	MZA EVENTS, INC 3550 WILSHIRE BLVD., STE. 890 LOS ANGELES, CA 90010	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G2015 \$250.00
12/16/2014	PHILLIP NAHAS 11965 VENICE BLVD., #406 LOS ANGELES, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER OAK COAST PROPERTIES	250.00	250.00	G2015 \$250.00
11/27/2014	JEROME NASH 1932 OVERLAND AVE., STE. 100 LOS ANGELES, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROPERTY MANAGEMENT JEROME NASH	500.00	500.00	G2015 \$500.00
SUBTOTAL \$				2,000.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

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NAME OF FILER		I.D. NUMBER
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08/11/2014	NEWMAN GARRISON PARTNERS, INC. 3100 BRISTOL ST., STE. 400 COSTA MESA, CA 92626	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
11/18/2014	MITCH O'FARRELL 3708 RODERICK RD. LOS ANGELES, CA 90065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY COUNCILMEMBER CITY OF LOS ANGELES	100.00	100.00	G2015 \$100.00
11/16/2014	VICTOR OMELCZENKO 1246 N. LAUREL AVE., APT. G LOS ANGELES, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MEDIA RELATIONS SPECIALIST INTERNAL REVENUE SERVICE	250.00	250.00	G2015 \$250.00
08/11/2014	ON TRACK MUSIC INC. 1254 N. DOHENY DR. LOS ANGELES, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G2015 \$250.00
11/14/2014	MONTE OVERSTREET 8866 COLLINGWOOD DR. WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE MONTE OVERSTREET	500.00	500.00	G2015 \$500.00
SUBTOTAL \$				1,600.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
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11/12/2014	PARAMOUNT CONTRACTORS & DEVELOPERS, INC. 6464 SUNSET BLVD., STE. 700 HOLLYWOOD, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
09/23/2014	ELISA L. PASTER 425 MARINE ST., #5 SANTA MONICA, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY GLASER WEIL	250.00	250.00	G2015 \$250.00
11/16/2014	MICHAEL PAYNE 2609 REYNIER AVE. LOS ANGELES, CA 90034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SALES HU-FRIEDY	100.00	100.00	G2015 \$100.00
08/11/2014	GRACE PEREZ 1932 MARY ALICE PL. EL PASO, TX 79936	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	100.00	G2015 \$100.00
07/29/2014	PHYLLIS F. COHEN INC. 301 W. 57TH STREET, STE. 20 CD NEW YORK, NY 10019	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	G2015 \$100.00

SUBTOTAL \$ 1,050.00

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Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
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11/02/2014	ALESSANDRO PIROLINI 269 S. BEVERLY DR., #916 BEVERLY HILLS, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROFESSOR UNIVERSITY OF CALIFORNIA, LOS ANGELES	500.00	500.00	G2015 \$500.00
12/24/2014	BRIAN R. POTIKER 433 N. CAMDEN DR., STE. 810 BEVERLY HILLS, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHIEF INFORMATION OFFICER HSP GROUP, LLC	100.00	100.00	G2015 \$100.00
09/23/2014	JEFFREY PRANG 1230 N. SWEETZER, #107 WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY COUNCILMEMBER CITY OF WEST HOLLYWOOD	250.00	250.00	G2015 \$250.00
09/23/2014	JEFFREY PRANG 1230 N. SWEETZER, #107 WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY COUNCILMEMBER CITY OF WEST HOLLYWOOD	250.00	250.00	G2015 \$250.00
10/06/2014	JEFFREY PRANG 1230 N. SWEETZER, #107 WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY COUNCILMEMBER CITY OF WEST HOLLYWOOD	-250.00	250.00	G2015 \$250.00
SUBTOTAL \$				850.00		

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Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
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12/15/2014	NORBERT RELECKER 8440 SUNSET BLVD. WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOTEL GENERAL MANAGER PEBBLEBROOK HOTEL TRUST	500.00	500.00	G2015 \$500.00
07/12/2014	MICHELLE REX 18327 OAKMONT DR., #821 CANYON COUNTRY, CA 91387	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COUNCIL DEPUTY CITY OF WEST HOLLYWOOD	50.00	450.00	G2015 \$450.00
08/01/2014	MICHELLE REX 18327 OAKMONT DR., #821 CANYON COUNTRY, CA 91387	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COUNCIL DEPUTY CITY OF WEST HOLLYWOOD	400.00	450.00	G2015 \$450.00
07/28/2014	DANIEL GRAAN RIEMER 3721 W. OKLAHOMA AVE., #7 MILWAUKEE, WI 53215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	STATE REPRESENTATIVE STATE OF WISCONSIN	100.00	100.00	G2015 \$100.00
07/28/2014	DAVID R. RIEMER 5051 W. WASHINGTON BLVD. MILWAUKEE, WI 53208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY COMMUNITY ADVOCATES	150.00	150.00	G2015 \$150.00
SUBTOTAL \$				1,200.00		

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Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
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07/28/2014	STEPHEN L. RIEMER 20143 NE 19TH PL. NORTH MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO RIEMER INSURANCE	500.00	500.00	G2015 \$500.00
11/27/2014	OSCAR RINGEL 1009 N. EDINBURGH AVE. WEST HOLLYWOOD, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	100.00	G2015 \$100.00
11/18/2014	BRENDAN ROME 4206 BARRETT RD. LOS ANGELES, CA 90032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADMINISTRATIVE COORDINATOR CITY OF WEST HOLLYWOOD	500.00	500.00	G2015 \$500.00
07/29/2014	JOANNE ROSEN 22 W. 70TH ST. NEW YORK, NY 10023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE DEVELOPER BEACON REALTY ADVISORS	250.00	250.00	G2015 \$250.00
08/10/2014	STEVE ROSTINE 11617 DONA ALICIA PL. STUDIO CITY, CA 91604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SET DECORATOR STEVE ROSTINE	500.00	500.00	G2015 \$500.00
SUBTOTAL \$				1,850.00		

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
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11/18/2014	ARI RUIZ 3409 1/2 CHADWICK DR. LOS ANGELES, CA 90032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OUTREACH COORDINATOR LAUREL FOUNDATION	100.00	100.00	G2015 \$100.00
07/25/2014	THOMAS SAFRAN 11812 SAN VICENTE BLVD., STE. 600 LOS ANGELES, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHAIRMAN THOMAS SAFRAN & ASSOCIATES	150.00	150.00	G2015 \$150.00
09/23/2014	MARTIN SANDBERG 1745 BROADWAY, 18TH FLOOR NEW YORK, NY 10019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SONGWRITER MARTIN SANDBERG	500.00	500.00	G2015 \$500.00
09/23/2014	MARTIN SANDBERG 1745 BROADWAY, 18TH FLOOR NEW YORK, NY 10019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SONGWRITER MARTIN SANDBERG	500.00	500.00	G2015 \$500.00
10/06/2014	MARTIN SANDBERG 1745 BROADWAY, 18TH FLOOR NEW YORK, NY 10019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SONGWRITER MARTIN SANDBERG	-500.00	500.00	G2015 \$500.00

SUBTOTAL \$ 750.00

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	12/31/2014	Page 40 of 59
NAME OF FILER		I.D. NUMBER
D'AMICO FOR COUNCIL 2015		1364628

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/17/2014	DONNA SAUR 1024 1/2 N. GARDNER ST. WEST HOLLYWOOD, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	250.00	250.00	G2015 \$250.00
11/26/2014	LIN SCHATZ 8401 W. SUNSET BLVD. WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOTEL MANAGER ANDAZ WEST HOLLYWOOD	100.00	100.00	G2015 \$100.00
09/19/2014	JESSICA SCHLUETER 941 W. HAWTHORN ST., #1 SAN DIEGO, CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	APPAREL DESIGNER THE TREE KISSER	500.00	500.00	G2015 \$500.00
09/19/2014	RICHARD SCHLUETER 941 W. HAWTHORN ST., #1 SAN DIEGO, CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OPERATIONS MANAGER HOAR HOUSE CAPITAL, INC.	500.00	500.00	G2015 \$500.00
12/02/2014	ELLEN SCHNEIDERMAN 1022 TOWER RD. BEVERLY HILLS, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONPROFIT ADVOCATE ELLEN SCHNEIDERMAN	500.00	500.00	G2015 \$500.00
SUBTOTAL \$				1,850.00		

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 (other than PTY or SCC)
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 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	12/31/2014	Page 41 of 59
NAME OF FILER		I.D. NUMBER
D'AMICO FOR COUNCIL 2015		1364628

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/08/2014	SEYMOUR CONSULTING GROUP 2815 TOWNSGATE RD., STE. 140 WESTLAKE VILLAGE, CA 91361	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
08/27/2014	SHAHRZAD SHABATIAN 9478 W. OLYMPIC BLVD., #304 BEVERLY HILLS, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIETICIAN SHAHRZAD SHABATIAN	200.00	200.00	G2015 \$200.00
12/02/2014	CHERI SHANKAR 6345 BALBOA BLVD. ENCINO, CA 91316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	100.00	100.00	G2015 \$100.00
12/02/2014	PATRICIA A. SHENKER 5927 CAHILL AVE. TARZANA, CA 91356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE INVESTOR PATRICIA A. SHENKER	150.00	150.00	G2015 \$150.00
11/16/2014	HEIDI SHINK 1010 N. CURSON AVE., #110 LOS ANGELES, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WRITER HEIDI SHINK	250.00	250.00	G2015 \$250.00

SUBTOTAL \$ 1,200.00

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
D'AMICO FOR COUNCIL 2015		1364628

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/23/2014	FARSHID SHOOSHANI 2000 S. ALAMEDA ST. LOS ANGELES, CA 90058	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHIEF EXECUTIVE OFFICER SUNSET VIEW PLAZA	500.00	500.00	G2015 \$500.00
09/23/2014	FARSHID SHOOSHANI 2000 S. ALAMEDA ST. LOS ANGELES, CA 90058	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHIEF EXECUTIVE OFFICER SUNSET VIEW PLAZA	500.00	500.00	G2015 \$500.00
10/06/2014	FARSHID SHOOSHANI 2000 S. ALAMEDA ST. LOS ANGELES, CA 90058	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHIEF EXECUTIVE OFFICER SUNSET VIEW PLAZA	-500.00	500.00	G2015 \$500.00
10/04/2014	ROBERT S. SHRIVER III 12400 WILSHIRE BLVD., STE. 1275 LOS ANGELES, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONPROFIT DIRECTOR ROBERT S. SHRIVER III	500.00	500.00	G2015 \$500.00
08/22/2014	JACK SIMANTOB 1961 S. LA CIENEGA BLVD. LOS ANGELES, CA 90034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER ART RESOURCES	500.00	500.00	G2015 \$500.00
SUBTOTAL \$				1,500.00		

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OTH - Other (e.g., business entity)
PTY - Political Party
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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
D'AMICO FOR COUNCIL 2015		1364628

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/22/2014	RUSSELL SIMMONS 209 E. 31ST ST. NEW YORK, NY 10016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHIEF EXECUTIVE OFFICER RUSH COMMUNICATIONS	500.00	500.00	G2015 \$500.00
12/30/2014	JESSE SLANSKY 351 N. CURSON AVE. LOS ANGELES, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIRECTOR OF REAL ESTATE DEVELOPMENT WEST HOLLYWOOD COMMUNITY HOUSING CORPORATION	100.00	100.00	G2015 \$100.00
11/08/2014	STEPHEN HOUSTON SMITH 848 N. RAINBOW BLVD., #2209 LAS VEGAS, NV 89107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	STOCKBROKER STEPHEN HOUSTON SMITH	500.00	500.00	G2015 \$500.00
12/02/2014	MARK SMOLIN 1022 TOWER RD. BEVERLY HILLS, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRIVATE EQUITY INVESTOR MARK SMOLIN	100.00	100.00	G2015 \$100.00
08/13/2014	MARK SNEDDEN 3010 DEOLINDA DR. HACIENDA HEIGHTS, CA 91745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	500.00	500.00	G2015 \$500.00

SUBTOTAL \$ 1,700.00

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
D'AMICO FOR COUNCIL 2015		1364628

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/03/2014	BENJAMIN SOLEIMANI 8600 MELROSE AVE. LOS ANGELES, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER MANSOUR	500.00	500.00	G2015 \$500.00
08/12/2014	ANDREW SPANSWICK 1155 N. LA CIENEGA BLVD., #114 WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHIEF EXECUTIVE OFFICER KLEAN WEST HOLLYWOOD / WHITE RABBIT PARTNERS	500.00	500.00	G2015 \$500.00
12/31/2014	LUCINDA STARRETT 2475 PORTER AVE. ALTADENA, CA 91001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY LATHAM & WATKINS	500.00	500.00	G2015 \$500.00
11/18/2014	STONEWALL YOUNG DEMOCRATS (ID# 1265977) 4553 W. 156TH STREET LAWNDALE, CA 90260	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	G2015 \$125.00
07/24/2014	JULIE D. SUMMERS 1425 N. CRESCENT HEIGHTS BLVD., #307 WEST HOLLYWOOD, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE INVESTOR JULIE SUMMERS	100.00	100.00	G2015 \$100.00
SUBTOTAL \$				1,725.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
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NAME OF FILER		I.D. NUMBER
D'AMICO FOR COUNCIL 2015		1364628

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/24/2014	ROD SUMMERS 1014 S. WESTLAKE BLVD., STE. 14-128 WESTLAKE VILLAGE, CA 91361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BANKER WELLS FARGO	200.00	200.00	G2015 \$200.00
12/02/2014	SUNSET MARQUIS HOTEL / SPA 1200 N. ALTA LOMA RD. WEST HOLLYWOOD, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
09/27/2014	SUNSET SHERBOURNE HOLDINGS LLC 8733 W. SUNSET BLVD., STE. 205 WEST HOLLYWOOD, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
08/07/2014	ANDREW SUSSKIND 4033 VIA MARINA, STE. G315 MARINA DEL REY, CA 90292	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PSYCHOTHERAPIST ANDREW SUSSKIND, LCSW	100.00	100.00	G2015 \$100.00
08/04/2014	GRAFTON P. TANQUARY 1287 N. CRESCENT HEIGHTS BLVD., STE. A WEST HOLLYWOOD, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE VICE PRESIDENT CBRE, INC.	250.00	250.00	G2015 \$250.00
SUBTOTAL \$				1,550.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	12/31/2014	Page 46 of 59
NAME OF FILER		I.D. NUMBER
D'AMICO FOR COUNCIL 2015		1364628

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/07/2014	LANCE TENDLER 24629 LONG VALLEY RD. HIDDEN HILLS, CA 91302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO KENNINGTON LIMITED INVESTMENTS	100.00	100.00	G2015 \$100.00
08/04/2014	CHARLES TESLER 41 W. 72ND ST., STE. 15E NEW YORK, NY 10023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LANDSCAPE ARCHITECT CITY OF NEW YORK	100.00	100.00	G2015 \$100.00
11/16/2014	THE MCSHANES LLC 1131 BAY ST., UNIT A SANTA MONICA, CA 90405	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	G2015 \$100.00
08/04/2014	THE POLITICAL MACHINE, INC. DBA THE AFRIAT CONSULTING GROUP 4107 MAGNOLIA BLVD. BURBANK, CA 91505	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
09/27/2014	CRAIG E. THOMPSON 2976 LAKERIDGE DR. LOS ANGELES, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE DIRECTOR AIDS PROJECT LOS ANGELES	500.00	500.00	G2015 \$500.00
SUBTOTAL \$				1,300.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/11/2014	TILLER CONSTRUCTORS 306 W. KATELLA AVE., STE 3A ORANGE, CA 92867	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
11/25/2014	RUTH TITTLE 1344 N. OGDEN DR. WEST HOLLYWOOD, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHIEF EXECUTIVE OFFICER / OWNER CAPITOL DRUGS, INC. / POWERZONE	500.00	500.00	G2015 \$500.00
09/06/2014	BRAD TORGAN 927 KINGS RD., #220 WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY LAW OFFICE OF BRADLY S. TORGAN	100.00	100.00	G2015 \$100.00
12/02/2014	SHELLEY D. TRAYWICK 9647 HEATHER RD. BEVERLY HILLS, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	100.00	100.00	G2015 \$100.00
12/10/2014	KENNETH TROXELL 1025 THOMAS JEFFERSON ST. NW, STE. 700 E. WASHINGTON, DC 20007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADMINISTRATOR COMBINED PROPERTIES	500.00	500.00	G2015 \$500.00
SUBTOTAL \$				1,700.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
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NAME OF FILER		I.D. NUMBER
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/18/2014	BEEGIE TRUESDALE 2866 BELDEN DR. LOS ANGELES, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSULTANT BEEGIE TRUESDALE	500.00	500.00	G2015 \$500.00
12/17/2014	TRUMAN & ELLIOTT LLP 626 WILSHIRE BLVD., STE. 550 LOS ANGELES, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
12/15/2014	ROBERT BOE TRUMBULL 914 N. KINGS RD., #3 WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	100.00	100.00	G2015 \$100.00
12/02/2014	VALADON HOTEL LLC DBA HOTEL PETIT ERMITAGE 8822 CYNTHIA ST. WEST HOLLYWOOD, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	500.00	G2015 \$500.00
12/02/2014	VALADON HOTEL LLC DBA HOTEL PETIT ERMITAGE 8822 CYNTHIA ST. WEST HOLLYWOOD, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	500.00	G2015 \$500.00
SUBTOTAL \$				1,600.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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12/16/2014	VELLA GROUP, LLC 250 BOWERY, 2ND FLOOR NEW YORK, NY 10012	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
11/16/2014	TODD WARNER 1929 N. BRONSON AVE. LOS ANGELES, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER TAILWAGGERS	100.00	100.00	G2015 \$100.00
07/07/2014	HOPE WARSCHAW 514 PALISADES BEACH RD. SANTA MONICA, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSULTANT HOPE WARSCHAW	500.00	500.00	G2015 \$500.00
08/07/2014	CAROLINE WELCHER 924 SUDARIO CT. CAMARILLO, CA 93010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ACCOUNTANT CAROLINE WELCHER	100.00	100.00	G2015 \$100.00
09/23/2014	WEST LOS ANGELES HEALTH POLITICAL ACTION COMMITTEE (ID# 801508) 3700 WILSHIRE BLVD., STE. 1050B LOS ANGELES, CA 90010	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
SUBTOTAL \$				1,700.00		

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	12/31/2014	Page 50 of 59
NAME OF FILER		I.D. NUMBER
D'AMICO FOR COUNCIL 2015		1364628

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/20/2014	W-HOLLY LIMITED PARTNERSHIP 10866 WILSHIRE BLVD., 11TH FL. LOS ANGELES, CA 90024	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	250.00	G2015 \$250.00
12/28/2014	RUTH WILLIAMS 7548 LEXINGTON AVE., #8 WEST HOLLYWOOD, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIRECTOR OF ADVOCACY NATIONAL COUNCIL OF JEWISH WOMEN LA	100.00	100.00	G2015 \$100.00
12/30/2014	ROBERT WYMAN 515 MADRE ST. PASADENA, CA 91107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY LATHAM & WATKINS	500.00	500.00	G2015 \$500.00
09/16/2014	MICHAEL ZANNELLA 8745 DORRINGTON AVE. WEST HOLLYWOOD, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSULTANT JEAN DOUMANIAN PRODUCTIONS	250.00	250.00	G2015 \$250.00
11/22/2014	RICK ZBUR 8743 ASHCROFT AVE. WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE DIRECTOR EQUALITY CALIFORNIA	250.00	250.00	G2015 \$250.00
SUBTOTAL \$				1,225.00		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	12/31/2014	Page 51 of 59

NAME OF FILER D'AMICO FOR COUNCIL 2015	I.D. NUMBER 1364628
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/04/2014	ANTHONY ZEHENNI 8730 SUNSET TOWERS, STE. 400 WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT ALADDIN DEVELOPERS	500.00	500.00	G2015 \$500.00
11/07/2014	AMY ZIERING 11922 SALT AIR TER. LOS ANGELES, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FILMMAKER AMY ZIERING	100.00	100.00	G2015 \$100.00
12/02/2014	DANIEL J. ZIV 8033 SUNSET BLVD., STE. 299 LOS ANGELES, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER Z VALET AND SHUTTLE SERVICE	250.00	250.00	G2015 \$250.00
12/31/2014	PARDIS ZOMORODI 626 N. LAS PALMAS AVE. LOS ANGELES, CA 90004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY LATHAM & WATKINS	500.00	500.00	G2015 \$500.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				1,350.00		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	12/31/2014	Page 52 of 59
I.D. NUMBER		1364628

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

D'AMICO FOR COUNCIL 2015

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
QGIV, INC. 53 LAKE MORTON DR. LAKELAND, FL 33801	OFC		49.50
QGIV, INC. 53 LAKE MORTON DR. LAKELAND, FL 33801	OFC		110.12
QGIV, INC. 53 LAKE MORTON DR. LAKELAND, FL 33801	OFC		261.63

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 421.25

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 27,584.35
2. Unitemized payments made this period of under \$100	\$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 27,584.35

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	12/31/2014	Page 53 of 59
NAME OF FILER		I.D. NUMBER
D'AMICO FOR COUNCIL 2015		1364628

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|--|--|--|
| OMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
QGIV, INC. 53 LAKE MORTON DR. LAKELAND, FL 33801	OFC			172.82
QGIV, INC. 53 LAKE MORTON DR. LAKELAND, FL 33801	OFC			200.14
QGIV, INC. 53 LAKE MORTON DR. LAKELAND, FL 33801	OFC			308.23
BACK TO THE KITCHEN 1227 N. HAYWORTH AVE. #3 WEST HOLLYWOOD, CA 90046	MTG		11/16/14 - CAMPAIGN KICKOFF LUNCH; APPROXIMATELY 90 ATTENDEES INCLUDING CANDIDATE AND HIS SPOUSE	800.00
CITICARDS 4740 121ST STREET URBANDALE, IA 50323	OFC			462.83

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1,944.02

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	12/31/2014	Page 54 of 59
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NAME OF FILER

D'AMICO FOR COUNCIL 2015

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CONTINENTAL COLORCRAFT 1166 W. GARVEY AVE. MONTEREY PARK, CA 91754	CMP			6,196.16
KEITH RAND 8623 RUGBY DRIVE WEST HOLLYWOOD, CA 90069	OFC			152.43
KEITH RAND 8623 RUGBY DRIVE WEST HOLLYWOOD, CA 90069	POS			11.75
KEITH RAND 8623 RUGBY DRIVE WEST HOLLYWOOD, CA 90069	FND			238.45
REED & DAVIDSON, LLP 515 S. FIGUEROA ST., STE. 1110 LOS ANGELES, CA 90071	PRO			2,146.47

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 8,745.26

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	12/31/2014	Page <u>55</u> of <u>59</u>
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NAME OF FILER

D'AMICO FOR COUNCIL 2015

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
REED & DAVIDSON, LLP 515 S. FIGUEROA ST., STE. 1110 LOS ANGELES, CA 90071	PRO			1,881.81
REED & DAVIDSON, LLP 515 S. FIGUEROA ST., STE. 1110 LOS ANGELES, CA 90071	PRO			1,525.35
RENEE NAHUM AND ASSOCIATES LLC 2350 HIDALGO AVE. LOS ANGELES, CA 90039	CNS			5,000.00
RENEE NAHUM AND ASSOCIATES LLC 2350 HIDALGO AVE. LOS ANGELES, CA 90039	CNS			8,066.66

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 16,473.82

**Schedule F
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	12/31/2014	Page <u>56</u> of <u>59</u>
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

D'AMICO FOR COUNCIL 2015

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
POLITICAL DATA, INC. 12501 IMPERIAL HIGHWAY, STE. 200 NORWALK, CA 90650	LIT	0.00	1,700.00	0.00	1,700.00
RENEE NAHUM AND ASSOCIATES LLC 2350 HIDALGO AVE. LOS ANGELES, CA 90039	CMP	0.00	1,747.50	0.00	1,747.50
SUBTOTALS \$		0.00\$	3,447.50\$	0.00\$	3,447.50

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	INCURRED TOTALS \$	3,447.50
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	PAID TOTALS \$	0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET \$	3,447.50 <small>May be a negative number</small>

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
 Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	12/31/2014	Page <u>57</u> of <u>59</u>
NAME OF FILER		I.D. NUMBER
D'AMICO FOR COUNCIL 2015		1364628

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

D'AMICO FOR COUNCIL 2015

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CITICARDS

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|--|--|--|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
THE HOUSE OF PRINTING 3336 EAST COLORADO BLVD. PASADENA, CA 91107	LIT		264.87
WIX 2601 MISSION ST. SAN FRANCISCO, CA 94110	WEB		197.96

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 462.83

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

Statement covers period
 from 07/01/2014
 through 12/31/2014

SCHEDULE G

CALIFORNIA
 FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

D'AMICO FOR COUNCIL 2015

NAME OF AGENT OR INDEPENDENT CONTRACTOR

RENEE NAHUM AND ASSOCIATES LLC

I.D. NUMBER

1364628

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EPROMOS 120 BROADWAY, STE. 1360 NEW YORK, NY 10271	CMP			1,476.80
TAI SUNNANON 8424 SANTA MONICA BLVD., STE. A515 WEST HOLLYWOOD, CA 90069	CNS			3,066.66

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 4,543.46

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule I
Miscellaneous Increases to Cash**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	12/31/2014	Page 59 of 59
I.D. NUMBER		1364628

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NAME OF FILER

D'AMICO FOR COUNCIL 2015

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

1. Itemized increases to cash this period.	\$	0.00
2. Unitemized increases to cash of under \$100 this period.	\$	4.01
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$	0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$	4.01