

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp RECEIVED CITY OF WEST HOLLYWOOD 15 FEB 20 AM 2:38 OFFICE OF THE CITY CLERK	CALIFORNIA FORM 460
Page <u>1</u> of <u>17</u>	For Official Use Only

Statement covers period	Date of election if applicable: (Month, Day, Year)
from <u>01/01/2015</u>	<u>03/03/2015</u>
through <u>01/17/2015</u>	

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)
AMENDING ACCRUED EXPENSES

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
WEST HOLLYWOOD	CA	90046	(310) 498-5783

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	

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
LOS ANGELES	CA	90071	(213) 624-6200

NAME OF ASSISTANT TREASURER, IF ANY
FLORA YIN

MAILING ADDRESS
515 S. FIGUEROA STREET, STE. 1110

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

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 <u>02/17/2015</u> Date	By _____ Signature of Treasurer or Assistant Treasurer
Executed on <u>02/17/2015</u> Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on _____ Date	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 17

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
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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
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
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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

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	01/01/2015	
through	01/17/2015	Page <u>3</u> of <u>17</u>
NAME OF FILER D'AMICO FOR COUNCIL 2015		I.D. NUMBER 1364628

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

D'AMICO FOR COUNCIL 2015

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 11,050.00	\$ 11,050.00
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 11,050.00	\$ 11,050.00
4. Nonmonetary Contributions	Schedule C, Line 3	210.00	210.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 11,260.00	\$ 11,260.00

**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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$ 12,022.36	\$ 12,022.36
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 12,022.36	\$ 12,022.36
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	4,288.50	7,736.00
10. Nonmonetary Adjustment	Schedule C, Line 3	210.00	210.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 16,520.86	\$ 19,968.36

**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	\$ 48,184.66
13. Cash Receipts	Column A, Line 3 above	11,050.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	12,022.36
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 47,212.30

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	\$ 7,736.00

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.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	01/17/2015	Page 4 of 17

SEE INSTRUCTIONS ON REVERSE

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)
01/17/2015	14 X 48 INC. 9200 SUNSET BLVD., #600 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
01/17/2015	5 STAR OUTDOOR LLC 811 EL REDONDO AVE., UNIT B REDONDO BEACH, CA 90277	<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
01/13/2015	BROOKE BARRETT 1016 5TH AVENUE NEW YORK, NY 10176	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHIEF EXECUTIVE OFFICER DENIHAN HOSPITALITY	500.00	1,000.00	G2015 \$1,000.00
01/13/2015	BROOKE BARRETT 1016 5TH AVENUE NEW YORK, NY 10176 CONTRIBUTION REFUNDED ON 1/21/2015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHIEF EXECUTIVE OFFICER DENIHAN HOSPITALITY	500.00	1,000.00	G2015 \$1,000.00
01/11/2015	JASON BECK 7828 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	CAREGIVER ALTERNATIVE HERBAL HEALTH SERVICES	500.00	500.00	G2015 \$500.00
SUBTOTAL \$				2,500.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 10,900.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 150.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 11,050.00

*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	01/01/2015	
through	01/17/2015	Page <u>5</u> of <u>17</u>

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)
01/17/2015	ANDREW BILANZICH 4847 ATWOOD BLVD. MURRAY, UT 84107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER ACE OUTDOOR	500.00	500.00	G2015 \$500.00
01/17/2015	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 \$200.00
01/14/2015	JAMES MARCO COLANTONIO 1138 HACIENDA PL., #208 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	PROPERTY MANAGEMENT MC DESIGNS, LLC	100.00	100.00	G2015 \$150.00
01/13/2015	ROBIN CONERLY 1221 S. SIERRA BONITA AVE. 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	MANAGER WEST HOLLYWOOD COMMUNITY HOUSING CORPORATION	500.00	500.00	G2015 \$500.00
01/14/2015	MEGAN A. COTANCH 377 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	SALES MANAGER SENSYS NETWORKS	100.00	100.00	G2015 \$100.00

SUBTOTAL \$ 1,300.00

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 IND - Individual
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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	01/01/2015	
through	01/17/2015	Page 6 of 17
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)
01/14/2015	DEAN R. DECENT 1002 LAGUNA AVE. LOS ANGELES, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REALTOR PRUDENTIAL REALTY	100.00	100.00	G2015 \$100.00
01/17/2015	DONALD DELUCCIO 524 NORWICH 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	VICE PRESIDENT EH&Y MEDIA SERVICES	100.00	100.00	G2015 \$100.00
01/11/2015	BARBARA DENIHAN 1040 FIFTH AVE., #9A NEW YORK, NY 10028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE DENIHAN HOSPITALITY GROUP	500.00	500.00	G2015 \$500.00
01/11/2015	BEN DENIHAN 551 FIFTH AVE. NEW YORK, NY 10176	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHIEF EXECUTIVE OFFICER DENIHAN INVESTMENTS	500.00	500.00	G2015 \$500.00
01/17/2015	CATRINA GONZALES HERRERA 1379 W. PARK WESTERN DR., #195 SAN PEDRO, CA 90732	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHIEF OPERATING OFFICER DALE CARNEGIE SOUTHERN CALIFORNIA	500.00	500.00	G2015 \$500.00
SUBTOTAL \$				1,700.00		

*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	01/01/2015	
through	01/17/2015	Page <u>7</u> of <u>17</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)
01/11/2015	GREEN CROSS SOCIETY OF SOUTHERN CALIFORNIA 7828 SANTA MONICA BLVD. WEST HOLLYWOOD, CA 90046 CONTRIBUTION REFUNDED ON 1/20/2015	<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
01/12/2015	MITCHELL GROBESON 871 W. 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	POLICE OFFICER LOS ANGELES POLICE DEPARTMENT	200.00	200.00	G2015 \$200.00
01/14/2015	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	100.00	100.00	G2015 \$350.00
01/15/2015	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	100.00	G2015 \$300.00
01/17/2015	H. DAVIS MAYFIELD III 2900 W. DALLAS ST., #411 HOUSTON, TX 77019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COMMERCIAL REAL ESTATE COLLIERS INTERNATIONAL	250.00	250.00	G2015 \$250.00
SUBTOTAL \$				1,150.00		

*Contributor Codes
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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	01/01/2015	
through	01/17/2015	Page <u>8</u> of <u>17</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)
01/17/2015	ABRAHAM MORADZADEH 8674 MELROSE 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	OWNER WOVEN ACCENTS	500.00	500.00	G2015 \$500.00
01/17/2015	NWLWH, LLC 120 N. SAN VICENTE 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
01/14/2015	MANDY L. QUERIO 10819 VICENZA WAY 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	VICE PRESIDENT OF SYNDICATIONS ONE WEST BANK	200.00	200.00	G2015 \$200.00
01/10/2015	MARK ROSENBERG 950 N. KINGS RD., #319 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 S. ROSENBERG	250.00	250.00	G2015 \$250.00
01/14/2015	TOM SMITH 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	OWNER TSA RESEARCH	500.00	500.00	G2015 \$500.00
SUBTOTAL \$				1,950.00		

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 (other than PTY or SCC)
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**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	01/01/2015	
through	01/17/2015	Page 9 of 17
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)
01/17/2015	LON STALSBERG 4205 S. PARKVIEW DR. SALT LAKE CITY, UT 84124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER STALSBERG PROPERTIES	500.00	500.00	G2015 \$500.00
01/12/2015	STUDIO ONE ELEVEN 111 W. OCEAN BLVD., FL. 20 LONG BEACH, CA 90802	<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
01/17/2015	SYNERGY MEDIA, INC. 848 N. RAINBOW BLVD. LAS VEGAS, NV 89107	<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
01/13/2015	BARRY TALLEY 827 WESTMOUNT DR., #5 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	SENIOR PROJECT MANAGER AECOM	100.00	100.00	G2015 \$100.00
01/17/2015	ASHLEY THOMAS 4920 S. STATE ST. MURRAY, UT 84107	<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
SUBTOTAL \$				2,100.00		

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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**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	01/01/2015	
through	01/17/2015	Page <u>10</u> of <u>17</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)
01/12/2015	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 \$200.00
01/14/2015	AMY L. WILLS 5900 WISH AVE. ENCINO, CA 91316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROJECT MANAGER UNIVERSITY OF CALIFORNIA, LOS ANGELES	100.00	100.00	G2015 \$100.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				200.00		

*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 C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
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through	01/17/2015	Page <u>11</u> of <u>17</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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
01/14/2015	PUMP RESTAURANT 8948 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		BEVERAGES	165.00	165.00	G2015 \$165.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
<i>Attach additional information on appropriately labeled continuation sheets.</i>					SUBTOTAL \$	165.00	

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 165.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 45.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 210.00

*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

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	01/17/2015	Page 12 of 17
NAME OF FILER		I.D. NUMBER
D'AMICO FOR COUNCIL 2015		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		279.68
8228 ASSOCIATES, L.P. 8228 SUNSET BLVD., STE. 211 WEST HOLLYWOOD, CA 90046	OFC		4,400.00
POLITICAL DATA, INC. 12501 IMPERIAL HIGHWAY, STE. 200 NORWALK, CA 90650	LIT		1,700.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 6,379.68**

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 11,928.22
2. Unitemized payments made this period of under \$100	\$ 94.14
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 \$ 12,022.36

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

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

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

D'AMICO FOR COUNCIL 2015

Statement covers period		CALIFORNIA FORM 460
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		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	FET	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			1,845.61
RENEE NAHUM AND ASSOCIATES LLC 2350 HIDALGO AVE. LOS ANGELES, CA 90039	CNS			3,066.66
RENEE NAHUM AND ASSOCIATES LLC 2350 HIDALGO AVE. LOS ANGELES, CA 90039	CMP			465.65
TAI SUNNANON 8424 SANTA MONICA BLVD., STE. A515 WEST HOLLYWOOD, CA 90069	OFC			170.62

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

SUBTOTAL \$ 5,548.54

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

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

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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	1,700.00	0.00	1,700.00	0.00	
RENEE NAHUM AND ASSOCIATES LLC 2350 HIDALGO AVE. LOS ANGELES, CA 90039	CMP	1,747.50	0.00	0.00	1,747.50	
RENEE NAHUM AND ASSOCIATES LLC 2350 HIDALGO AVE. LOS ANGELES, CA 90039	SAL	0.00	982.91	0.00	982.91	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		SUBTOTALS \$	3,447.50\$	982.91\$	1,700.00\$	2,730.41

Schedule F Summary

- 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 \$** 5,988.50
- 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 \$** 1,700.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 4,288.50
May be a negative number

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

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

SCHEDULE F (CONT.)

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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 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
AUTOMATED MAILERS 26499 RANCHO PARKWAY SOUTH LAKE FOREST, CA 92630	LIT	0.00	4,826.91	0.00	4,826.91
TAI SUNNANON 8424 SANTA MONICA BLVD., STE. A515 WEST HOLLYWOOD, CA 90069	OFC	0.00	178.68	0.00	178.68
SUBTOTALS \$		0.00 \$	5,005.59 \$	0.00 \$	5,005.59

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
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NAME OF FILER		I.D. NUMBER
D'AMICO FOR COUNCIL 2015		1364628
NAME OF AGENT OR INDEPENDENT CONTRACTOR		
AUTOMATED MAILERS		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

D'AMICO FOR COUNCIL 2015

NAME OF AGENT OR INDEPENDENT CONTRACTOR

AUTOMATED MAILERS

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
U.S. POSTMASTER 2201 N. GRAND AVE. SANTA ANA, CA 92711	POS			1,787.91

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1,787.91

* 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.

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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	01/01/2015	
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NAME OF FILER		I.D. NUMBER
D'AMICO FOR COUNCIL 2015		1364628
NAME OF AGENT OR INDEPENDENT CONTRACTOR		
RENEE NAHUM AND ASSOCIATES LLC		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 D'AMICO FOR COUNCIL 2015
 NAME OF AGENT OR INDEPENDENT CONTRACTOR
 RENEE NAHUM AND ASSOCIATES LLC

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
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* \$ 3,066.66

* 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.

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)