

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp <b>RECEIVED</b> CITY OF WEST HOLLYWOOD 15 JUN 15 PM 1:55 OFFICE OF THE CITY CLERK	CALIFORNIA FORM <b>460</b>
	Page <u>1</u> of <u>33</u> For Official Use Only

Statement covers period from <u>02/15/2015</u> through <u>05/31/2015</u>	Date of election if applicable: (Month, Day, Year)
--	---

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
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 06/01/2015  
Date

Executed on 06/01/2015  
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 33

**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
----------------------	--------------	---

**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
-----------------------	---------------------

**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 from <u>02/15/2015</u> through <u>05/31/2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>33</u>
	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	\$ 12,800.00	\$ 53,555.00
2. Loans Received ..... Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 12,800.00	\$ 53,555.00
4. Nonmonetary Contributions ..... Schedule C, Line 3	0.00	210.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 12,800.00	\$ 53,765.00

**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	\$ 61,006.28	\$ 104,439.66
7. Loans Made ..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 61,006.28	\$ 104,439.66
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	-6,170.67	0.00
10. Nonmonetary Adjustment ..... Schedule C, Line 3	0.00	210.00
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 54,835.61	\$ 104,649.66

**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	\$ 45,506.28
13. Cash Receipts ..... Column A, Line 3 above	12,800.00
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	2,700.00
15. Cash Payments ..... Column A, Line 8 above	61,006.28
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0.00

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ 0.00
---	---------

**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	\$ 0.00

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.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page 4 of 33
NAME OF FILER		I.D. NUMBER
D'AMICO FOR COUNCIL 2015		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)
03/01/2015	AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, AFL-CIO, COUNCIL 36 (ID# 747152) 514 SHATTO PLACE, 3RD FLOOR LOS ANGELES, CA 90020	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G2015 \$250.00
02/20/2015	ANAWALT LUMBER CO. 11060 W. PICO BLVD. LOS ANGELES, CA 90064	<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
03/01/2015	APARTMENT ASSOCIATION OF LOS ANGELES POLITICAL ACTION COMMITTEE (ID# 811735) 621 S. WESTMORELAND AVE. LOS ANGELES, CA 90005	<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
03/01/2015	KATHLEEN BAROLO 8990 LLOYD PLACE 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 KATE BAROLO & ASSOCIATES	200.00	200.00	G2015 \$200.00
03/01/2015	ELENOR BEROUKHIM-GABAY 1468 DONHILL 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	HOMEMAKER	500.00	500.00	G2015 \$500.00
<b>SUBTOTAL \$</b>				1,950.00		

**Schedule A Summary**

- Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... \$ 12,650.00
- 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 \$** 12,800.00

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

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

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page 5 of 33
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)
03/01/2015	MICHAEL BRAUM 6551 VAN NUYS BLVD., MEZZANINE FLOOR VAN NUYS, CA 91401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER BRAUM CONSTRUCTION AND MANAGEMENT	500.00	500.00	G2015 \$500.00
02/20/2015	TENECIA CASSEY 7229 DALTON AVE. LOS ANGELES, CA 90047	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSTRUCTION MANAGEMENT UNIVERSITY OF CALIFORNIA, LOS ANGELES	100.00	100.00	G2015 \$100.00
03/06/2015	JOSEPH CLAPSADDLE 1013 CAROL 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 JOSEPH CLAPSADDLE & ASSOCIATES	100.00	100.00	G2015 \$100.00
02/26/2015	MAURICE LEE CONDON 1279 N. HARPER AVE., #102 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	CONFERENCE PRODUCER PACESETTER PRODUCTIONS	100.00	100.00	G2015 \$100.00
03/01/2015	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 \$200.00
<b>SUBTOTAL \$</b>				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		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page <u>6</u> of <u>33</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)
02/18/2015	DOMENICK D'ERCOLE 22 JEFFERSON ST. FREEPORT, NY 11520	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FINANCIAL ADVISOR METLIFE	100.00	100.00	G2015 \$100.00
03/01/2015	EUGENE DETCHEMENDY 560 BRADFORD ST. PASADENA, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LEASING CONSULTANT DETCEMENDY CONSULTING	500.00	500.00	G2015 \$500.00
03/01/2015	MICHAEL DODGE-NAM 841 WESTMOUNT 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	INTERNET EXECUTIVE EVOLVE MEDIA LLC	500.00	500.00	G2015 \$500.00
02/20/2015	ELECTRIC SUPPLY CONNECTION, INC. 12220 W. PICO BLVD. LOS ANGELES, CA 90064	<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
03/01/2015	ROBERT FRASHURE 4055 REDWOOD AVE., #104 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	ARTIST ROBERT FRASHURE	500.00	500.00	G2015 \$500.00
<b>SUBTOTAL \$</b>				2,100.00		

\*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		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page 7 of 33
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)
03/01/2015	MAHBOUBEH GABAY 9112 ALANDA PLACE 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	500.00	500.00	G2015 \$500.00
03/01/2015	SHIRIN GABAY 1474 DONHILL 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	HOMEMAKER	500.00	500.00	G2015 \$500.00
02/19/2015	LAURIE HASENCAMP 16832 CALLE DE SARAH PACIFIC PALISADES, CA 90272	<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
02/16/2015	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	0.00	G2015 \$500.00
02/24/2015	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	0.00	G2015 \$500.00
<b>SUBTOTAL \$</b>				1,100.00		

\*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		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page 8 of 33
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)
02/19/2015	LEE KLOSINSKI 12735 HORTENSE ST. 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	ADMINISTRATOR UNIVERSITY OF CALIFORNIA, LOS ANGELES	100.00	100.00	G2015 \$100.00
03/07/2015	L.A. CHECKER CAB COOPERATIVE, INC. 14943 CALIFA ST. VAN NUYS, CA 91411	<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
03/01/2015	JALEH LALEHZARZADEH 6551 VAN NUYS BLVD., MEZZANINE FLOOR VAN NUYS, CA 91401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ACCOUNTANT BRAUM CONSTRUCTION AND MANAGEMENT	500.00	500.00	G2015 \$500.00
03/01/2015	RAYMOND LEVY 9771 TOTTENHAM CT. 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	VICE PRESIDENT UNILEV CAPITAL CORP.	500.00	500.00	G2015 \$500.00
03/02/2015	JAUNTY NAVI 595 EVELYN PL. 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	THERAPIST JAUNTY NAVI	500.00	500.00	G2015 \$500.00
<b>SUBTOTAL \$</b>				2,100.00		

\*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		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page 9 of 33
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)
03/02/2015	JONATHAN NAVI 2345 E. 52ND ST. VERNON, CA 90058	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESS OWNER P&M DISTRIBUTORS	500.00	500.00	G2015 \$500.00
02/20/2015	AMIR PAKRAVAN 18379 LAKE ENCINO DR. ENCINO, CA 91316	<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
02/20/2015	ESTER N. PAKRAVAN 18379 LAKE ENCINO DR. ENCINO, CA 91316	<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
03/01/2015	MITRA SAEIDY 629 N. MAPLE 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	HOMEMAKER	500.00	500.00	G2015 \$500.00
03/01/2015	PAULINE SAEIDY 629 N. MAPLE 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	DESIGNER PAULINE SAEIDY	500.00	500.00	G2015 \$500.00
<b>SUBTOTAL \$</b>				2,500.00		

\*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		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page 10 of 33
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)
02/16/2015	KAMRAN SHOOSHANI 1165 ANGELO 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	SALES BOBCO METAL	500.00	500.00	G2015 \$500.00
03/07/2015	UNITED INDEPENDENT TAXI DRIVERS, INC. 900 N. ALVARADO ST. LOS ANGELES, CA 90026	<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
03/01/2015	WORLD-WIDE DRAPERY FABRIC, INC. 910 S. WALL ST. LOS ANGELES, CA 90015	<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
02/20/2015	BRANDON J. ZARIAN 2707 BLUE WATER DR. CORONA DEL MAR, CA 92625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RCFE ADMINISTRATOR BLUE WATER VISTA, LLC	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				
<b>SUBTOTAL \$</b>				2,000.00		

\*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		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page 11 of 33
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		125.25
QGIV, INC. 53 LAKE MORTON DR. LAKELAND, FL 33801	OFC		57.20
900 STRADELLA VE LLC 250 BOWERY, 2ND FLOOR NEW YORK, NY 10012		CONTRIBUTION RETURNED	500.00

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

**SUBTOTAL \$** 682.45

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$	60,951.28
2. Unitemized payments made this period of under \$100 .....	\$	55.00
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.) .....	<b>TOTAL \$</b>	61,006.28

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

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

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page 12 of 33
		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	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
AMERICAN EXPRESS 200 VESEY ST. NEW YORK, NY 10285	OFC			199.53
AMERICAN EXPRESS 200 VESEY ST. NEW YORK, NY 10285	OFC			96.72
AUTOMATED MAILERS 26499 RANCHO PARKWAY SOUTH LAKE FOREST, CA 92630	LIT			4,909.78
AUTOMATED MAILERS 26499 RANCHO PARKWAY SOUTH LAKE FOREST, CA 92630	LIT			835.00
AUTOMATED MAILERS 26499 RANCHO PARKWAY SOUTH LAKE FOREST, CA 92630	LIT			11,339.02

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

**SUBTOTAL \$** 17,380.05

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

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

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page <u>13</u> of <u>33</u>
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
AUTOMATED MAILERS 26499 RANCHO PARKWAY SOUTH LAKE FOREST, CA 92630	OFC			270.00
JOHN BEACH 7360 HOLLYWOOD BLVD., STE. B LOS ANGELES, CA 90046	LIT			2,660.00
FLIPAGRAM, INC. 1288 LAGO VISTA DR. BEVERLY HILLS, CA 90210			CONTRIBUTION REFUND	500.00
GROUP FOUNDATION FOR ADVANCING MENTAL HEALTH 25 E. 21ST STREET, 6TH FLOOR NEW YORK, NY 10010	CVC			1,600.00
GROUP PSYCHOTHERAPY ASSOCIATION OF LOS ANGELES 3676 LONGRIDGE AVE., #1 SHERMAN OAKS, CA 91423	CVC			201.61

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

**SUBTOTAL \$** 5,231.61

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

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page 14 of 33
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
VALENTINA MATIJI 1147 N. VISTA ST., #2 WEST HOLLYWOOD, CA 90046	CNS		1,000.00
KEITH RAND 8623 RUGBY DRIVE WEST HOLLYWOOD, CA 90069	CMP		1,227.71
REED & DAVIDSON, LLP 515 S. FIGUEROA ST., STE. 1110 LOS ANGELES, CA 90071	PRO		2,173.13
REED & DAVIDSON, LLP 515 S. FIGUEROA ST., STE. 1110 LOS ANGELES, CA 90071	PRO		2,482.14
REED & DAVIDSON, LLP 515 S. FIGUEROA ST., STE. 1110 LOS ANGELES, CA 90071	PRO		1,352.83

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

**SUBTOTAL \$** 8,235.81

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

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

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page 15 of 33
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
RENEE NAHUM AND ASSOCIATES LLC 2350 HIDALGO AVE. LOS ANGELES, CA 90039	SAL			4,907.45
RENEE NAHUM AND ASSOCIATES LLC 2350 HIDALGO AVE. LOS ANGELES, CA 90039	SAL			2,591.00
RENEE NAHUM AND ASSOCIATES LLC 2350 HIDALGO AVE. LOS ANGELES, CA 90039	SAL			4,886.70
RENEE NAHUM AND ASSOCIATES LLC 2350 HIDALGO AVE. LOS ANGELES, CA 90039	CNS			9,000.00
RENEE NAHUM AND ASSOCIATES LLC 2350 HIDALGO AVE. LOS ANGELES, CA 90039	OFC			47.92

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

**SUBTOTAL \$** 21,433.07

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

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

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page 16 of 33
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
RENEE NAHUM AND ASSOCIATES LLC 2350 HIDALGO AVE. LOS ANGELES, CA 90039	SAL			5,750.00
TAI SUNNANON 1140 ALTA LOMA RD., #1 WEST HOLLYWOOD, CA 90069	OFC			590.89
TAI SUNNANON 1140 ALTA LOMA RD., #1 WEST HOLLYWOOD, CA 90069	OFC			291.89
TAI SUNNANON 1140 ALTA LOMA RD., #1 WEST HOLLYWOOD, CA 90069	OFC			457.66
TIME WARNER CABLE 60 COLUMBUS CIRCLE NEW YORK, NY 10023	WEB			497.85

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

**SUBTOTAL \$** 7,588.29

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)



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

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page 17 of 33
		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
WEHO NEWS 7985 SANTA MONICA BLVD., #596 WEST HOLLYWOOD, CA 90046	WEB			400.00

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

**SUBTOTAL \$** 400.00

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

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page <u>18</u> of <u>33</u>
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 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	4,909.78	0.00	4,909.78	0.00
WEHO NEWS 7985 SANTA MONICA BLVD., #596 WEST HOLLYWOOD, CA 90046	WEB	400.00	0.00	400.00	0.00
AUTOMATED MAILERS 26499 RANCHO PARKWAY SOUTH LAKE FOREST, CA 92630	OFC	270.00	0.00	270.00	0.00
<b>SUBTOTALS \$</b>		<b>5,579.78\$</b>	<b>0.00\$</b>	<b>5,579.78\$</b>	<b>0.00</b>

\* 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 \$** 0.00

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 \$** 6,170.67

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 \$** -6,170.67  
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.)

Statement covers period from <u>02/15/2015</u> through <u>05/31/2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>19</u> of <u>33</u>
	I.D. NUMBER 1364628

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)           |

\* 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
TAI SUNNANON 1140 ALTA LOMA RD., #1 WEST HOLLYWOOD, CA 90069	OFC	590.89	0.00	590.89	0.00
<b>SUBTOTALS \$</b>		<b>590.89\$</b>	<b>0.00\$</b>	<b>590.89 \$</b>	<b>0.00</b>

**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		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page 20 of 33
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			3,528.02

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 3,528.02**

\* 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		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page 21 of 33
		I.D. NUMBER 1364628

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

D'AMICO FOR COUNCIL 2015

NAME OF AGENT OR INDEPENDENT CONTRACTOR

KEITH RAND

**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
PROVA - THE ART OF PIZZA 8729 SANTA MONICA BLVD. WEST HOLLYWOOD, CA 90069	CMP			1,157.71

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 1,157.71**

\* 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		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page <u>22</u> of <u>33</u>
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
SHANNAN CALLAND 219 ELLINGBROOK DR. MONTEBELLO, CA 90640	SAL			413.00
SHANNAN CALLAND 219 ELLINGBROOK DR. MONTEBELLO, CA 90640	SAL			455.00
SHANNAN CALLAND 219 ELLINGBROOK DR. MONTEBELLO, CA 90640	SAL			577.50
SHANNAN CALLAND 219 ELLINGBROOK DR. MONTEBELLO, CA 90640	SAL			500.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 1,945.50

\* 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 (Continuation Sheet)  
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 (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page 23 of 33
I.D. NUMBER		1364628

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
DANIEL CELENTANO 1420 LOGAN ST. LOS ANGELES, CA 90026	SAL		304.50
DANIEL CELENTANO 1420 LOGAN ST. LOS ANGELES, CA 90026	SAL		451.50
DANIEL CELENTANO 1420 LOGAN ST. LOS ANGELES, CA 90026	SAL		675.50
DANIEL CELENTANO 1420 LOGAN ST. LOS ANGELES, CA 90026	SAL		500.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 1,931.50**

\* 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 (Continuation Sheet)  
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 (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page 24 of 33
I.D. NUMBER		1364628

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.

- |   |   |   |
|---|---|---|
| CVP 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
LAURYN JOHNSON 537 W. HYDE PARK BLVD. INGLEWOOD, CA 90302	SAL			371.00
LAURYN JOHNSON 537 W. HYDE PARK BLVD. INGLEWOOD, CA 90302	SAL			430.50
LAURYN JOHNSON 537 W. HYDE PARK BLVD. INGLEWOOD, CA 90302	SAL			550.90
LAURYN JOHNSON 537 W. HYDE PARK BLVD. INGLEWOOD, CA 90302	SAL			500.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 1,852.40**

\* 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 (Continuation Sheet)  
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 (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page 25 of 33
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

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
FL	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
JOSEPH KORNIWICZ 8107 1/4 NORTON AVE. WEST HOLLYWOOD, CA 90046	SAL			173.60
JOSEPH KORNIWICZ 8107 1/4 NORTON AVE. WEST HOLLYWOOD, CA 90046	SAL			248.50
JOSEPH KORNIWICZ 8107 1/4 NORTON AVE. WEST HOLLYWOOD, CA 90046	SAL			294.00
JOSEPH KORNIWICZ 8107 1/4 NORTON AVE. WEST HOLLYWOOD, CA 90046	SAL			500.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 1,216.10**

\* 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 (Continuation Sheet)  
 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 (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page 26 of 33
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
JOSHUA LEE 1778 ORCHID, #104 LOS ANGELES, CA 90028	SAL			448.00
JOSHUA LEE 1778 ORCHID, #104 LOS ANGELES, CA 90028	SAL			469.00
JOSHUA LEE 1778 ORCHID, #104 LOS ANGELES, CA 90028	SAL			658.00
JOSHUA LEE 1778 ORCHID, #104 LOS ANGELES, CA 90028	SAL			500.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 2,075.00**

\* 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 (Continuation Sheet)  
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 (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page 27 of 33
I.D. NUMBER		1364628

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
RIGINA MUKHAMEDJANOVA 6961 ETHEL AVE. NORTH HOLLYWOOD, CA 91605	SAL		442.00
RIGINA MUKHAMEDJANOVA 6961 ETHEL AVE. NORTH HOLLYWOOD, CA 91605	SAL		350.00
RIGINA MUKHAMEDJANOVA 6961 ETHEL AVE. NORTH HOLLYWOOD, CA 91605	SAL		500.00
ANASTASIIA NALYVAIKO 2424 WILSHIRE BLVD. LOS ANGELES, CA 90057	SAL		519.35

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 1,811.35**

\* 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 (Continuation Sheet)  
 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 (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page 28 of 33
I.D. NUMBER		1364628

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
ANASTASIIA NALYVAIKO 2424 WILSHIRE BLVD. LOS ANGELES, CA 90057	SAL			342.30
ANASTASIIA NALYVAIKO 2424 WILSHIRE BLVD. LOS ANGELES, CA 90057	SAL			500.00
HELEN PERES 1417 N. VISTA, #217 WEST HOLLYWOOD, CA 90046	SAL			517.65
HELEN PERES 1417 N. VISTA, #217 WEST HOLLYWOOD, CA 90046	SAL			85.00

Attach additional information on appropriately labeled continuation sheets. **TOTAL\* \$ 1,444.95**

\* 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 (Continuation Sheet)**  
**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 (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page 29 of 33
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                |
| FL 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
HELEN PERES 1417 N. VISTA, #217 WEST HOLLYWOOD, CA 90046	SAL			338.10
HELEN PERES 1417 N. VISTA, #217 WEST HOLLYWOOD, CA 90046	SAL			500.00
OLGA PETINA 1417 N. VISTA ST., #301 LOS ANGELES, CA 90046	SAL			518.50
OLGA PETINA 1417 N. VISTA ST., #301 LOS ANGELES, CA 90046	SAL			268.10

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 1,624.70

\* 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 (Continuation Sheet)**  
**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 (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page 30 of 33
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
OLGA PETINA 1417 N. VISTA ST., #301 LOS ANGELES, CA 90046	SAL			500.00
YURII RYBAK 357 S. ALVARADO LOS ANGELES, CA 90057	SAL			340.00
YURII RYBAK 357 S. ALVARADO LOS ANGELES, CA 90057	SAL			59.50
YURII RYBAK 357 S. ALVARADO LOS ANGELES, CA 90057	SAL			250.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 1,149.50**

\* 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 (Continuation Sheet)  
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 (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page 31 of 33
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
SHIMIKI STRINGER 1113 W. 78TH STREET LOS ANGELES, CA 90044	SAL			406.00
SHIMIKI STRINGER 1113 W. 78TH STREET LOS ANGELES, CA 90044	SAL			392.00
SHIMIKI STRINGER 1113 W. 78TH STREET LOS ANGELES, CA 90044	SAL			494.20
SHIMIKI STRINGER 1113 W. 78TH STREET LOS ANGELES, CA 90044	SAL			500.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 1,792.20**

\* 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 (Continuation Sheet)  
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 (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	02/15/2015	
through	05/31/2015	Page 32 of 33
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

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 1140 ALTA LOMA RD., #1 WEST HOLLYWOOD, CA 90069	CNS		4,000.00
MARTIN ZAKHAROV 1417 N. VISTA ST., #301 LOS ANGELES, CA 90046	SAL		449.65
MARTIN ZAKHAROV 1417 N. VISTA ST., #301 LOS ANGELES, CA 90046	SAL		338.10
MARTIN ZAKHAROV 1417 N. VISTA ST., #301 LOS ANGELES, CA 90046	SAL		500.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 5,287.75**

\* 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 I  
Miscellaneous Increases to Cash**

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

Statement covers period  
from 02/15/2015  
through 05/31/2015

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

D'AMICO FOR COUNCIL 2015

I.D. NUMBER

1364628

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
03/23/2015	8228 ASSOCIATES, L.P. 8228 SUNSET BLVD., STE. 211 WEST HOLLYWOOD, CA 90046	REFUND OF SECURITY DEPOSIT	2,200.00
04/13/2015	FLIPAGRAM, INC. 1288 LAGO VISTA DR. BEVERLY HILLS, CA 90210	VOIDED CHECK	500.00

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$** 2,700.00

**Schedule I Summary**

- 1. Itemized increases to cash this period. .... \$ 2,700.00
- 2. Unitemized increases to cash of under \$100 this period. .... \$ 0.00
- 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 \$** 2,700.00