Statement of Recipient Cor	Organization			TY OF WE	/stamb	વ∉ CALI	FORNIA 440	
Statement Type	☐ Initial Not yet qualified ☐ or	X Amendment List I.D. number:	X Termination – See Part 5 List i.D. number:		15 JUN 15 P		• 55 5 5	RM 410 For Official Use Only
		# 1364628 03/01/2014	# <u>1364</u> 05/3	628 1/2015	grriot or	FEEF WEEF	SCERT	
	Date qualified as committee	Date qualified as committee	Date of Termination					
1. Committee I NAME OF COMMITTEE D'AMICO FOR COUR STREET ADDRESS (NO P. 8228 W. SUNSET	NCIL 2015			NAME OF TREASURER CARY DAVIDSON STREET ADDRESS (NO P.O.	BOX)			
CITY				515 S. FIGUER	OA STREET, STE.	1110		
WEST HOLLYWOOD,	CA 90046	ZIP CODE AREA CODE/S	9HONE 498-5783	LOS ANGELES,	CA 90071	STATE	ZIP CODE	AREA CODE/PHONE
MAILING ADDRESS (IF DE 515 S. FIGUEROA LOS ANGELES, CA FAX/E-MAIL ADDRESS	ST., STE, 1110			NAME OF ASSISTANT TREA FLORA YIN STREET ADDRESS (NO P.O.	SURER, IF ANY			(213) 624-6200
OURWEHO@ME.COM				•	,			
COUNTY OF DOMICILE	JURISDICTION WHE	RE COMMITTEE IS ACTIVE		CITY	OA STREET, STE.	1110 STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	WEST HOLI			LOS ANGELES,				(213) 624-6200
Attach additional	information on appropriately	/ labeled continuation sheet	ts.	STREET ADDRESS (NO P.O. I				Mathedian
				CITY		STATE	ZIP CODE	AREA CODE/PHONE
3. Verification I have used all ri penalty of perju Executed on	easonable diligence in prepai ry under the laws of the Stat 06/01/2015 By	ring this statement and to the of California that the fore	going is true ai	knowledge the info		herein is true	e and comple	ete. I certify under
Executed on	06/01/2015 By	SIGNATURE	OF CONTROLLING OFF	ICEHOLDER, CANDIDATE, OR S	TATE MEASURE PROPONENT			
Executed on	DATE 8y			CEHOLDER, CANDIDATE, OR S				
Executed on	DATE By			CERUIDED CARDIDATE OD				

FPPC Form 410 (Dec/2012)
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