

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM **410**

For Official Use Only

Statement Type Initial
Not yet qualified or
_____/_____/_____
Date qualified as committee

Amendment
List I.D. number:
1330775
08/17/2010
Date qualified as committee
(If applicable)

Termination - See Part 5
List I.D. number:

_____/_____/_____
Date of Termination

Date Stamp
RECEIVED
CITY OF WEST HOLLYWOOD
11 JAN 28 PM 3:35
OFFICE OF THE CITY CLERK

1. Committee Information

NAME OF COMMITTEE
JOHN D'AMICO FOR CITY COUNCIL 2011

STREET ADDRESS (NO PO. BOX)
8623 RUGBY DR.

CITY STATE ZIP CODE AREA CODE/PHONE
WEST HOLLYWOOD, CA 90069 (310) 498-5783

MAILING ADDRESS (IF DIFFERENT)
3699 WILSHIRE BLVD., #1290
LOS ANGELES, CA 90010

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

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
LOS ANGELES

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
JERRY MARGARET SIMMONS

STREET ADDRESS
3699 WILSHIRE BLVD., #1290

CITY STATE ZIP CODE AREA CODE/PHONE
LOS ANGELES, CA 90010 (213) 624-6200

NAME OF ASSISTANT TREASURER, IF ANY
FLORA YIN

STREET ADDRESS
3699 WILSHIRE BLVD., #1290

CITY STATE ZIP CODE AREA CODE/PHONE
LOS ANGELES, CA 90010 (213) 624-6200

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

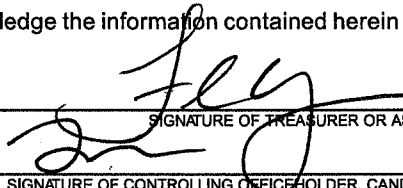
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/27/2011 DATE
Executed on 01/27/2011 DATE
Executed on _____ DATE
Executed on _____ DATE

By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT