

**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 11 APR 11 OFFICE OF THE CITY CLERK	CALIFORNIA FORM 460
	Page 1 of 45 For Official Use Only

Statement covers period from 01/23/2011 through 02/19/2011	Date of election if applicable: (Month, Day, Year) 03/08/2011
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SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below) | |

AMENDING CONTRIBUTOR INFORMATION

3. Committee Information

I.D. NUMBER
1330775

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

JOHN D'AMICO FOR CITY COUNCIL 2011

STREET ADDRESS (NO P.O. BOX)

8623 RUGBY DR.
CITY STATE ZIP CODE AREA CODE/PHONE

WEST HOLLYWOOD, CA 90069 (310) 498-5783

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

3699 WILSHIRE BLVD., #1290
CITY STATE ZIP CODE AREA CODE/PHONE

LOS ANGELES, CA 90010
OPTIONAL: FAX / E-MAIL ADDRESS

OURWEHO@ME.COM

Treasurer(s)

NAME OF TREASURER

JERRY MARGARET SIMMONS

MAILING 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
MAILING ADDRESS

3699 WILSHIRE BLVD., #1290
CITY STATE ZIP CODE AREA CODE/PHONE

LOS ANGELES, CA 90010 (213) 624-6200
OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

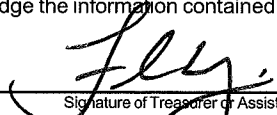
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and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

Executed on 04/06/2011
Date

Executed on 04/06/2011
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 <u>2</u> of <u>45</u>	

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
8623 RUGBY DR.	WEST HOLLYWOOD,	CA	90069

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>01/23/2011</u>	CALIFORNIA FORM 460
through <u>02/19/2011</u>	
Page <u>3</u> of <u>45</u>	I.D. NUMBER 1330775

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JOHN D'AMICO FOR CITY COUNCIL 2011

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 24,528.18	\$ 29,618.18
2. Loans Received	Schedule B, Line 3	15,000.00	25,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 39,528.18	\$ 54,618.18
4. Nonmonetary Contributions	Schedule C, Line 3	5,150.00	5,150.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 44,678.18	\$ 59,768.18

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	\$ 22,079.55	\$ 33,711.34
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 22,079.55	\$ 33,711.34
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	7,028.53	16,254.64
10. Nonmonetary Adjustment	Schedule C, Line 3	5,150.00	5,150.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 34,258.08	\$ 55,115.98

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		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 28,565.32
13. Cash Receipts	Column A, Line 3 above	39,528.18
14. Miscellaneous Increases to Cash	Schedule I, Line 4	1,925.00
15. Cash Payments	Column A, Line 8 above	22,079.55
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 47,938.95

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

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.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00
Cash Equivalents and Outstanding Debts		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 41,254.64

**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	01/23/2011	
through	02/19/2011	Page 4 of 45
NAME OF FILER JOHN D'AMICO FOR CITY COUNCIL 2011		I.D. NUMBER 1330775

SEE INSTRUCTIONS ON REVERSE

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)
01/25/2011	ACE OUTDOOR ADVERTISING LLC 8901 SUNSET BLVD. WEST HOLLYWOOD, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
02/17/2011	EBON ALABASTUR 1344 HAVENHURST DR. WEST HOLLYWOOD, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	100.00	
02/15/2011	ANIMAL ALLIANCE 21731 VENTURA BLVD., STE. 300 WOODLAND HILLS, CA 91364	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
02/13/2011	PETER ANTON 7777 HOLLYWOOD BLVD #309 LOS ANGELES, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PHYSICIAN UCLA	100.00	100.00	
02/09/2011	APARTMENT ASSOCIATION OF LOS ANGELES PAC (#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	

SUBTOTAL \$ 1,450.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 23,125.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 1,403.18
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 24,528.18

*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	01/23/2011	
through	02/19/2011	Page 5 of 45

NAME OF FILER JOHN D'AMICO FOR CITY COUNCIL 2011	I.D. NUMBER 1330775
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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)
02/17/2011	CHERYL ARMON 2118 PEARL ST. SANTA MONICA, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROFESSOR ANTIOCH UNIVERSITY LOS ANGELES	100.00	100.00	
02/16/2011	ARA AROYAN 18146 HASTINGS WAY NORTHRIDGE, CA 91326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROJECT DIRECTOR SANTA MONICA/UCLA MEDICAL CENTER	100.00	100.00	
02/13/2011	JAMES ATKINSON 1250 16TH STREET SANTA MONICA, CA 90404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MEDICAL DIRECTOR SANTA MONICA-UCLA MEDICAL CENTER	100.00	100.00	
02/13/2011	EUSEBIO AYNAGA 8118 1/2 W 3RD ST 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	SALON OWNER/HAIRDRESSER CLARK NOVA	200.00	200.00	
02/15/2011	STEVEN BERNHEIM 13211 MULHOLLAND 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	ATTORNEY THE BERNHEIM LAW FIRM	500.00	500.00	

SUBTOTAL \$ 1,000.00

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

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

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>01/23/2011</u>		
through <u>02/19/2011</u>		Page <u>6</u> of <u>45</u>

NAME OF FILER JOHN D'AMICO FOR CITY COUNCIL 2011	I.D. NUMBER 1330775
---	------------------------

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)
02/07/2011	CARY BRAZEMAN 128 N. SWALL DR. #304 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	CEO CORPORATE STORYTELLER	500.00	500.00	
02/13/2011	RALPH BRUNEAU 143 N. LARCHMONT BLVD., 2ND FL. LOS ANGELES, CA 90004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PSYCHOTHERAPIST RALPH BRUNEAU, PH.D, MFT	100.00	100.00	
02/19/2011	CAM SERVICES 5664 SELMARINE DR. CULVER CITY, CA 90230	<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	
02/13/2011	CBX SYSTEMS 8424-A 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		100.00	100.00	
02/08/2011	RICHARD CLAIR 845 N. HARPER AVE. LOS ANGELES, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	500.00	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	01/23/2011	
through	02/19/2011	Page 7 of 45
NAME OF FILER		I.D. NUMBER
JOHN D'AMICO FOR CITY COUNCIL 2011		1330775

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)
02/15/2011	DEBORAH CORDAY 9255 DOHENY ROAD #3006 LOS ANGELES, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PERSONNEL MANAGEMENT DEBORAH CORDAY	250.00	250.00	
02/13/2011	STEVEN CRANE 15207 MAGNOLIA BLVD., #133 SHERMAN OAKS, CA 91403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CREATIVE DIRECTOR WARNER PACIFIC INSURANCE SERVICES	100.00	100.00	
02/19/2011	PATRICIA D'AMICO 460 E FERN AVENUE #304 REDLANDS, CA 92373	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	100.00	
02/03/2011	DEAN 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 CALIFORNIA REALTY	500.00	500.00	
02/12/2011	CARLA DERHY-SNIJDERS 864 S ROBERTSON BLVD., #304 LOS ANGELES, CA 90035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PSYCHOTHERAPIST CARLA R DERHY-SNIJDERS, PH.D.	100.00	100.00	
SUBTOTAL \$				1,050.00		

*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.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/23/2011	
through	02/19/2011	Page 8 of 45

NAME OF FILER JOHN D'AMICO FOR CITY COUNCIL 2011	I.D. NUMBER 1330775
---	------------------------

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)
02/15/2011	CHRIS DEROSE 9040 HARRATT ST. #4 LOS ANGELES, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO LAST CHANCE FOR ANIMALS	250.00	250.00	
02/08/2011	RICHARD DICKEY 955 N. CROFT AVE. #2 WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	100.00	
02/07/2011	JEANNE DOBRIN 9000 CYNTHIA ST. WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	100.00	
02/13/2011	JOHN P. DOLAN 311 S. SWALL DR. #106 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 MARTIN PATRICK EVANS	100.00	100.00	
02/13/2011	JOHN DURAN 9200 SUNSET BLVD., PH2 WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY THE DURAN LAW GROUP	250.00	500.00	

SUBTOTAL \$ 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

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

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/23/2011	
through	02/19/2011	Page 9 of 45

NAME OF FILER JOHN D'AMICO FOR CITY COUNCIL 2011	I.D. NUMBER 1330775
---	------------------------

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)
02/15/2011	WILLIAM D. DYER 405 HOWLAND CANAL VENICE, CA 90291	<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	
02/13/2011	ERIK EGGINS 13320 SENDA DE HANNAH SYLMAR, CA 91342	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SAFETY DIRECTOR UCLA	100.00	100.00	
02/09/2011	MONICA FARASSAT 3201 WILSHIRE BLVD., STE. 201 SANTA MONICA, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PSYCHOTHERAPIST MONICA FARASSAT MFT	100.00	100.00	
02/08/2011	JAMES FAWCETT 2242 GLENDON AVE. LOS ANGELES, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROFESSOR UNIVERSITY OF SOUTHERN CALIFORNIA	100.00	400.00	
02/11/2011	ARNOLD FRAM 11620 WILSHIRE BLVD. #580 LOS ANGELES, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA KATZ, FRAM & COMPANY	200.00	200.00	

SUBTOTAL \$ 600.00

*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 <u>01/23/2011</u>		
through <u>02/19/2011</u>		Page <u>10</u> of <u>45</u>
NAME OF FILER JOHN D'AMICO FOR CITY COUNCIL 2011		I.D. NUMBER 1330775

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)
02/13/2011	MATTHEW D. FREEMAN 801 ANGELUS PLACE VENICE, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE AGENT ABBOT KINNEY REAL ESTATE	100.00	100.00	
02/13/2011	BARBARA J. FRIEDMAN 3231 CHEVIOT VISTA PL. #202 LOS ANGELES, CA 90034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROJECT MANAGER UCLA HEALTH SYSTEMS	100.00	100.00	
01/30/2011	VALERIE FRIEDMAN 1235 FRANCISCAN CT. #2 CARPINTERIA, CA 93013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PSYCHOTHERAPIST VALERIE FRIEDMAN	100.00	100.00	
02/02/2011	FRIENDS OF THE IRANIAN AMERICAN JEWISH FEDERATION (#1333974) 1317 N. CRESCENT HEIGHTS BLVD. WEST HOLLYWOOD, CA 90046	<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	
02/02/2011	SHARON GEDAN 8170 BEVERLY BLVD, STE 204 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	PSYCHOTHERAPIST SHARON GEDAN, RN MS	100.00	100.00	
SUBTOTAL \$				900.00		

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

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

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>01/23/2011</u>		
through <u>02/19/2011</u>		Page <u>11</u> of <u>45</u>
NAME OF FILER JOHN D'AMICO FOR CITY COUNCIL 2011		I.D. NUMBER 1330775

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)
02/05/2011	RICHARD GIESBRET 8923 RANGELY AVE. WEST HOLLYWOOD, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARCHITECT RICHARD MANION ARCHITECTURE	200.00	200.00	
02/13/2011	CRAIG A. GILLETT 4238 RIVERTON AVE. TOLUCA LAKE, CA 91602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PSYCHOTHERAPIST CRAIG A. GILLETT FAMILY THERAPIST, INC.	100.00	100.00	
01/26/2011	CYRUS GODFREY 360 N BEDFORD DR., STE. 204 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	ATTORNEY CYRUS GODFREY	200.00	200.00	
02/02/2011	DAVID LOUIS GOLD 10880 WILSHIRE BLVD. #1400 LOS ANGELES, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTMENT MANAGER WILLIAM E. SIMON & SONS	150.00	150.00	
01/28/2011	GRAPPLIN CORPORATION 531 WESTMOUNT DRIVE WEST HOLLYWOOD, CA 90048	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
SUBTOTAL \$				750.00		

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

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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JOHN D'AMICO FOR CITY COUNCIL 2011		1330775

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)
02/13/2011	CHRISTOPHER HARMS 906 N. LA JOLLA AVE. WEST HOLLYWOOD, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	100.00	
02/13/2011	CHRIS HARVEY 5313 1/2 VILLAGE GREEN LOS ANGELES, CA 90016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PSYCHOTHERAPIST CHRIS HARVEY, MFT	100.00	100.00	
02/13/2011	LINDA HASH 18331 VAN NESS AVE. TORRANCE, CA 90504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROJECT MANAGER UCLA	100.00	100.00	
02/07/2011	DAVID HAUGLAND 1230 HORN AVE. #630 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	ASSOCIATE VICE PROVOST UNIVERSITY OF SOUTHERN CALIFORNIA	100.00	100.00	
02/13/2011	GREG HENDERSON 9171 WILSHIRE BLVD., PENTHOUSE 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	PSYCHOTHERAPIST GREG HENDERSON, PHD, LMFT	200.00	200.00	
SUBTOTAL \$				600.00		

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

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SCHEDULE A (CONT.)

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/19/2011	CHARLES HENRY 1200 POINSETTIA DR. WEST HOLLYWOOD, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DEVELOPMENT CONSULTANT CLH LLC	500.00	500.00	
02/11/2011	JO ANNE HILEY 5803 LUBAO AVE. WOODLAND HILLS, CA 91367	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER IDENTITY DESIGN	500.00	500.00	
02/19/2011	ERIC HOCKY 19 RADCLIFF RD. BALA CYNWYD, PA 19004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY THORP REED & ARMSTRONG	200.00	200.00	
02/13/2011	JOSEPH HOGAN 3030 DURAND DR. LOS ANGELES, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER DISNEY/ABC	100.00	100.00	
02/08/2011	DAVID HUBBARD 845 N. HARPER AVE. LOS ANGELES, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SCREENWRITER DAVID HUBBARD	500.00	500.00	

SUBTOTAL \$ 1,800.00

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

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER JOHN D'AMICO FOR CITY COUNCIL 2011		I.D. NUMBER 1330775

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)
02/19/2011	JAMES JENSVOLD 6325 TOPANGA CANYON BLVD. #435 WOODLAND HILLS, CA 91367	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ORAL SURGEON JAMES P. JENSVOLD, DDS	500.00	500.00	
02/13/2011	SCOTT A. JOYCE 6415 RODGERTON DR. LOS ANGELES, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARCHITECT SJD, INC.	100.00	100.00	
02/09/2011	DEANE KENWORTHY 8535 W. KNOLL DR. #315 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 KENWORTHY SALON	100.00	100.00	
02/13/2011	MICHAEL L. KING 733 HUNTLEY DR. #2 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	COMPUTER CONSULTANT MICHAEL KING COMPUTER CONSULTING	100.00	100.00	
02/17/2011	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	PROGRAM MANAGER UCLA	100.00	100.00	
SUBTOTAL \$				900.00		

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

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

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JOHN D'AMICO FOR CITY COUNCIL 2011		1330775

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)
01/29/2011	WILLIAM KOHNE 616 N DETROIT STREET LOS ANGELES, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RESTAURANT OWNER HUGO'S RESTAURANT	225.00	425.00	
02/11/2011	JOHN KOWALCZYK 852 WESTMOUNT DR. WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PHYSICIAN UROLOGY GROUP OF SOUTHERN CALIFORNIA	100.00	100.00	
02/01/2011	KEVIN J. KURTH 1238 1/2 HAVENHURST DR. WEST HOLLYWOOD, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE DIRECTOR BEING ALIVE	200.00	200.00	
02/15/2011	CINDY LANDON 5820 BONSALL DR. MALIBU, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	500.00	500.00	
02/10/2011	LYNN LAURINO 22 AUSABLE AVE. OCEANPORT, NJ 07757	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	200.00	200.00	

SUBTOTAL \$ 1,225.00

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

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER JOHN D'AMICO FOR CITY COUNCIL 2011		I.D. NUMBER 1330775

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)
01/28/2011	BRAD LEATHERS 1201 LARRABEE ST. #106 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 WEST HOLLYWOOD MEDICAL MANAGEMENT	100.00	200.00	
02/05/2011	BRAD LEATHERS 1201 LARRABEE ST. #106 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 WEST HOLLYWOOD MEDICAL MANAGEMENT	100.00	200.00	
02/08/2011	LEVI FAMILY PARTNERSHIP, LP 18034 VENTURA BLVD., STE. 462 ENCINO, CA 91316	<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	
02/13/2011	CHRISTOPHER LINDBERG 6233 COMMODORE SLOAT 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 GO ENGINEER	100.00	100.00	
02/11/2011	ANGEL MAKHANI 22160 VENTURA BLVD. WOODLAND HILLS, CA 91364	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	500.00	500.00	

SUBTOTAL \$ 1,300.00

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

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER JOHN D'AMICO FOR CITY COUNCIL 2011	I.D. NUMBER 1330775
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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)
02/12/2011	JEAN HAYDEN MATHISON 8570 HOLLOWAY DR. WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	250.00	250.00	
02/02/2011	JAMES MCFADDEN 1711 N. OGDEN DR. LOS ANGELES, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DENTIST JAMES MCFADDEN, DDS	250.00	250.00	
02/01/2011	LILLIAN MCKEE 27 S. BERKSHIRE RD. BLOOMFIELD HILLS, MI 48302	<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	
02/17/2011	RHONDA MILRAD 300 S. BEVERLY DR. #312 BEVERLY HILLS, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PSYCHOTHERAPIST RHONDA MILRAD, LCSW	100.00	100.00	
02/08/2011	JUDITH MORGAN 6116 SANTA FE AVE. HUNTINGTON PARK, CA 90255	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NURSE HUNTINGTON PARK COMMUNITY HOSPITAL	100.00	100.00	

SUBTOTAL \$ 800.00

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

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SCHEDULE A (CONT.)

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NAME OF FILER JOHN D'AMICO FOR CITY COUNCIL 2011	I.D. NUMBER 1330775
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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)
02/01/2011	MICHAEL D. MURPHY 9000 PHYLLIS 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	ATTORNEY DAVID BASS & ASSOCIATES	100.00	250.00	
02/18/2011	MICHAEL D. MURPHY 9000 PHYLLIS 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	ATTORNEY DAVID BASS & ASSOCIATES	100.00	250.00	
02/12/2011	MICHAEL NEE 14010 CAPTAINS ROW #138 MARINA DEL REY, CA 90292	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GRADUATE STUDENT	100.00	100.00	
02/13/2011	SUSAN NERO 3988 EAST BOULEVARD 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	PROFESSOR ANTIOCH UNIVERSITY LOS ANGELES	100.00	100.00	
02/13/2011	VICTOR OMELCZENKO 1246 N. LAUREL AVE., APT. G 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	MEDIA RELATIONS SPECIALIST U.S. TREASURY DEPARTMENT	350.00	350.00	

SUBTOTAL \$	750.00
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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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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)
02/13/2011	VALDEMAR PADILLA 15344 LEFFINGWELL RD. WHITTIER, CA 90604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FACILITIES DIRECTOR UCLA HEALTH SYSTEMS	100.00	100.00	
02/02/2011	RIC PARISH 1308 HAVENHURST DR. #26 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 THE LIFE GROUP LA	100.00	100.00	
02/01/2011	ALESSANDRO PIROLINI, 269 S BEVERLY DR #916 BEVERLY HILLS, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROFESSOR UNIVERSITY OF CALIFORNIA LOS ANGELES	150.00	250.00	
02/13/2011	ALESSANDRO PIROLINI 269 S BEVERLY DR #916 BEVERLY HILLS, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROFESSOR UNIVERSITY OF CALIFORNIA LOS ANGELES	100.00	250.00	
01/28/2011	MAURICE RAMIREZ 1258 S HIGHLAND 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	NONPROFIT HOUSING DEVELOPMENT AMCAL	250.00	250.00	

SUBTOTAL \$ 700.00

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

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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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)
02/04/2011	PHYLLIS RAVINETT 20 PARK AVENUE, APT 18C NEW YORK, NY 10016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	100.00	
02/13/2011	WILLIAM RESNICK 500 WESTBOURNE 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	PSYCHIATRIST UCLA VENICE FAMILY CLINIC	200.00	200.00	
02/13/2011	GREGORY RICHMAN 802 S. LUCERNE BLVD. LOS ANGELES, CA 90005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRODUCTION DESIGNER IT'S A LAUGH PRODUCTIONS	200.00	200.00	
02/14/2011	MANNY RODRIGUEZ 8937 DORRINGTON AVE WEST HOLLYWOOD, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TV PRODUCER MANNY RODRIGUEZ	150.00	150.00	
02/13/2011	STEVE ROSTINE 11617 DONA ALICIA PL. STUDIO CITY, CA 91604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SET DECORATOR STEVE ROSTINE DESIGN	400.00	400.00	

SUBTOTAL \$ 1,050.00

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

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

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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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)
02/07/2011	PEDRO RUBIO 1065 N. FAIRFAX AVE. WEST HOLLYWOOD, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TAILOR PEDRO RUBIO TAILORED	175.00	175.00	
02/01/2011	DAVID B. RUTAN 1217 MAGNOLIA AVE. MANHATTAN BEACH, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENGINEER MTI LABORATORY	100.00	100.00	
01/24/2011	ROMAN SACKE 1380 MILLER PL. 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	FLORIST ROMAN SACKE FLORAL DESIGN	500.00	500.00	
02/04/2011	TIANA SANTIVANEZ 19201 PARKER CIR. VILLA PARK, CA 92861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SERVER MARKET BROILER	500.00	500.00	
02/15/2011	ELLEN SCHNEIDERMAN 21731 VENTURA BLVD. #300 WOODLAND HILLS, CA 91364	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIRECTOR ANIMAL ALLIANCE	500.00	500.00	

SUBTOTAL \$ 1,775.00

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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
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NAME OF FILER JOHN D'AMICO FOR CITY COUNCIL 2011	I.D. NUMBER 1330775
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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)
02/19/2011	DAVID SCHWINGER 2519 P STREET, NW WASHINGTON, DC 20007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY LOCKE LORD BISSELL & LIDDELL	500.00	500.00	
02/15/2011	SCOTT SEOMIN 1353 CARMINA 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	VP, PUBLIC RELATIONS FX NETWORKS	200.00	200.00	
02/09/2011	PATRICK SHANDRICK 9002 RANGELY AVE. WEST HOLLYWOOD, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIRECTOR OF COMMUNICATIONS DOWNTOWN WOMEN'S CENTER	250.00	250.00	
02/15/2011	BETH J. SHAW 2231 TORRANCE BLVD. TORRANCE, CA 90501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER YOGAFIT	100.00	100.00	
02/15/2011	PATTY SHENKER 971 ENCHANTED WAY 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	REAL ESTATE INVESTOR PATTY SHENKER	500.00	500.00	

SUBTOTAL \$ 1,550.00

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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
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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)
02/13/2011	JILL SOLOMON 8240 BEVERLY BLVD., STE. 8 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	PSYCHOTHERAPIST JILL SOLOMON, MFT	100.00	100.00	
02/15/2011	SOS SAVE THE SUNSET STRIP COALITION 1323 MILLER DR. 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		200.00	200.00	
02/13/2011	RYAN SPENCER 1859 EAST VILLA ST. PASADENA, CA 91107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PSYCHOTHERAPIST RYAN SPENCER, MFT	150.00	150.00	
02/01/2011	TIMOTHY D. SULLIVAN 1252 HAVENHURST DR. #17 WEST HOLLYWOOD, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER TIMOTHY JAY CANDLES	100.00	100.00	
02/13/2011	ANDREW SUSSKIND 2550 OVERLAND AVE., #100 LOS ANGELES, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PSYCHOTHERAPIST ANDREW SUSSKIND, LCSW	150.00	150.00	
SUBTOTAL \$				700.00		

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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
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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)
02/04/2011	BEVERLY TESLER 7573 NORTHPORT DR. BOYNTON BEACH, FL 33472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	150.00	150.00	
02/07/2011	ORLANDO TIRADO AMADOR 1612 N. GENESEE AE. LOS ANGELES, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ART PREPARATOR DIANA ZLOTNICK COLLECTION	125.00	125.00	
02/15/2011	TOP IT OFF, INC. 8580 HILLSIDE AVE. LOS ANGELES, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
02/10/2011	ROBERT TRUMBULL 909 N. WESTBOURNE DR. #217 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 DIRECTOR OF OPERATIONS SBE ENTERTAINMENT	100.00	100.00	
02/15/2011	DAVID UNGER 575 MOUNTAIN DR. SANTA BARBARA, CA 93103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FACULTY DEAN WINDWARD SCHOOL	100.00	100.00	

SUBTOTAL \$	575.00
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 SCC - Small Contributor Committee

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

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>01/23/2011</u>		
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NAME OF FILER JOHN D'AMICO FOR CITY COUNCIL 2011		I.D. NUMBER 1330775

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)
02/02/2011	W.H.B.T. INC. 8857 SANTA MONICA BLVD. WEST HOLLYWOOD, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
02/10/2011	BRUCE WARNER 316 19TH STREET SANTA MONICA, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY LAW OFFICE OF BRUCE WARNER	100.00	100.00	
02/17/2011	CAROLINE WELCHER 1860 CALLE ALBERCA CAMARILLO, CA 93010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ACCOUNTANT CAROLINE WELCHER	100.00	100.00	
02/13/2011	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	DIRECTOR OF TRANSITION PLANNING SANTA MONICA-UCLA MEDICAL CENTER	100.00	100.00	
02/15/2011	ANNIE WINNER 708 N. BEVERLY 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	250.00	250.00	
SUBTOTAL \$				1,050.00		

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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
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NAME OF FILER JOHN D'AMICO FOR CITY COUNCIL 2011	I.D. NUMBER 1330775
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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)
02/13/2011	DAVID YOCUM 1287 N. CRESCENT HEIGHTS, APT. D WEST HOLLYWOOD, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE BROKER COLDWELL BANKER	100.00	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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$	100.00
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**Schedule B – Part 1
Loans Received**

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

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JOHN D'AMICO FOR CITY COUNCIL 2011		1330775

SEE INSTRUCTIONS ON REVERSE

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
JOHN D'AMICO 8623 RUGBY DRIVE 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	PROJECT MANAGER UNIVERSITY OF CALIFORNIA LOS ANGELES	\$ 10,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 10,000.00 12/31/2011 DATE DUE	0% RATE \$ 0.00	\$ 10,000.00 12/13/2010 DATE INCURRED	CALENDAR YEAR \$ 15,000.00 PER ELECTION** \$
JOHN D'AMICO 8623 RUGBY DRIVE 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	PROJECT MANAGER UNIVERSITY OF CALIFORNIA LOS ANGELES	\$ 0.00	\$ 15,000.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 15,000.00 12/31/2011 DATE DUE	0% RATE \$ 0.00	\$ 15,000.00 02/15/2011 DATE INCURRED	CALENDAR YEAR \$ 15,000.00 PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	0% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS		\$ 15,000.00	\$ 0.00	\$ 0.00	\$ 25,000.00	\$ 0.00		

Schedule B Summary

1. Loans received this period \$ 15,000.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 15,000.00**
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

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*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

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SEE INSTRUCTIONS ON REVERSE

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)
01/28/2011	ERICH BOLLMANN 303 E. 4TH STREET, UNIT B LOS ANGELES, CA 90013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARTIST ERICH BOLLMANN	ARTWORK FOR AUCTION	300.00	300.00	
01/28/2011	STEVEN BURTCH 6231 ORANGE ST. 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	ARTIST STEVEN BURTCH	ARTWORK FOR AUCTION	400.00	400.00	
01/28/2011	PETER COOK 8613 RUGBY DR. WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARTIST PETER COOK	ARTWORK FOR AUCTION	300.00	300.00	
01/28/2011	JAMES FAWCETT 2242 GLENDON AVE. LOS ANGELES, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROFESSOR UNIVERSITY OF SOUTHERN CALIFORNIA	ARTWORK FOR AUCTION	300.00	400.00	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,300.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	5,150.00
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$	0.00
3. 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 \$	5,150.00

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Schedule C
Nonmonetary Contributions Received
Continuation Sheet

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

SCHEDULE C

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NAME OF FILER JOHN D'AMICO FOR CITY COUNCIL 2011		I.D. NUMBER 1330775

SEE INSTRUCTIONS ON REVERSE

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)
01/28/2011	ELYSE GRAHAM 1107 FAIR OAKS AVE. #28 SOUTH PASADENA, CA 91030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JEWELRY DESIGNER ELEPHANT HEART JEWELRY	EARRINGS FOR AUCTION	250.00	250.00	
01/28/2011	ALEXIS HUDGINS 1414 SUTHERLAND ST. 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	ARTIST ALEXIS HUDGINS	ARTWORK FOR AUCTION	300.00	300.00	
01/28/2011	BILL JACOBSON 61 GREEN ST. BROOKLYN, NY 11222	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARTIST BILL JACOBSON	ARTWORK FOR AUCTION	500.00	500.00	
01/28/2011	KAROLINA KARLIC 1421 ALLISON 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	ARTIST KAROLINA KARLIC	ARTWORK FOR AUCTION	300.00	300.00	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,350.00

Schedule C
Nonmonetary Contributions Received
Continuation Sheet

Type or print in ink.
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SCHEDULE C

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NAME OF FILER

JOHN D'AMICO FOR CITY COUNCIL 2011

I.D. NUMBER

1330775

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)
01/28/2011	ANNE MCCADDON 1011 N. MADISON AVE. LOS ANGELES, CA 90029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARTIST ANNE MCCADDON	ARTWORK FOR AUCTION	500.00	500.00	
01/28/2011	PAUL OPPENHEIM 8535 W. KNOLL #2 WEST HOLLYWOOD, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	ARTWORK FOR AUCTION	250.00	250.00	
01/28/2011	MARIANGELES SOTO-DIAZ 47 MISTRAL LANE IRVINE, CA 92617	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARTIST MARIANGELES SOTO-DIAZ	ARTWORK FOR AUCTION	500.00	500.00	
01/28/2011	CODY TREPTE 1961 PALMERSTON PL. LOS ANGELES, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SUPERVISOR MEDIA TEMPLE	ARTWORK FOR AUCTION	450.00	450.00	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,700.00

Schedule C
Nonmonetary Contributions Received
Continuation Sheet

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

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	01/23/2011	
through	02/19/2011	Page 31 of 45
NAME OF FILER		I.D. NUMBER
JOHN D'AMICO FOR CITY COUNCIL 2011		1330775

SEE INSTRUCTIONS ON REVERSE

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)
01/28/2011	ARNOLDO VARGAS 20316 CAMBA AVE. CARSON, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARTIST/TEACHER LOS ANGELES UNIFIED SCHOOL DISTRICT	ARTWORK FOR AUCTION	300.00	300.00	
01/28/2011	TODD WILLIAMSON 6311 ROMAINE #7110 HOLLYWOOD, CA 90038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARTIST TODD WILLIAMSON	ARTWORK FOR AUCTION	500.00	500.00	
		<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					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 800.00

Schedule E
Payments Made

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

Statement covers period
from 01/23/2011
through 02/19/2011
CALIFORNIA FORM 460
Page 32 of 45
I.D. NUMBER 1330775

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOHN D'AMICO FOR CITY COUNCIL 2011

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

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

Table with 4 columns: NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER), CODE OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. Rows include 8700 SMB LIMITED PARTNERSHIP, MICHAEL ALLEN, and NORMAN CHRAMOFF.

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 6,800.00

Schedule E Summary

Summary table with 2 columns: Description, Amount. Rows include Itemized payments, Unitemized payments, Total interest paid, and Total payments made this period.

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

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

Statement covers period		CALIFORNIA FORM 460
from	01/23/2011	
through	02/19/2011	Page <u>33</u> of <u>45</u>
NAME OF FILER		I.D. NUMBER
JOHN D'AMICO FOR CITY COUNCIL 2011		1330775

SEE INSTRUCTIONS ON REVERSE

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JOHN D'AMICO 8623 RUGBY DRIVE WEST HOLLYWOOD, CA 90069	WEB	IN-KIND LOAN REPAYMENT	258.10
JOHN D'AMICO 8623 RUGBY DRIVE WEST HOLLYWOOD, CA 90069	WEB	IN-KIND LOAN	439.78
ELIZABETH FERNANDEZ 7339 DENNY AVENUE SUN VALLEY, CA 91352	SAL		168.00
HUGO'S RESTAURANT 8401 SANTA MONICA BLVD. WEST HOLLYWOOD, CA 90069	FND		760.78
SCOTT LABENNE 516 NORTH ORANGE DRIVE LOS ANGELES, CA 90036	SAL		276.00

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

SUBTOTAL \$ 1,902.66

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

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/23/2011	
through	02/19/2011	Page 34 of 45
NAME OF FILER		I.D. NUMBER
JOHN D'AMICO FOR CITY COUNCIL 2011		1330775

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOHN D'AMICO FOR CITY COUNCIL 2011

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
KEITH RAND 8623 RUGBY DRIVE WEST HOLLYWOOD, CA 90069	WEB		243.28
REED & DAVIDSON, LLP 3699 WILSHIRE BLVD., SUITE 1290 LOS ANGELES, CA 90010	PRO		1,000.00
MICHELLE REX 18327 OAKMONT DR., #821 CANYON COUNTRY, CA 91387	OFC		576.57
RIEMER INSURANCE GROUP, INC. 217 E. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009	OFC		676.25
JOYCE RUBIN 4109 LOS NIETOS LOS ANGELES, CA 90027	SAL		188.00

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

SUBTOTAL \$ 2,684.10

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

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/23/2011	
through	02/19/2011	Page 35 of 45
NAME OF FILER		I.D. NUMBER
JOHN D'AMICO FOR CITY COUNCIL 2011		1330775

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOHN D'AMICO FOR CITY COUNCIL 2011

I.D. NUMBER

1330775

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
NEDA SABORI 515 KELTON AVE. LOS ANGELES, CA 90024	PET			30.00
NEDA SABORI 515 KELTON AVE. LOS ANGELES, CA 90024	SAL			492.00
LAUREN SIMON 5904 CARLTON WAY LOS ANGELES, CA 90028	SAL			630.00
STAR MAILING SERVICE, INC. 3050 ROSSLYN STREET LOS ANGELES, CA 90065	LIT			663.22
STAR MAILING SERVICE, INC. 3050 ROSSLYN STREET LOS ANGELES, CA 90065	LIT			2,432.54

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

SUBTOTAL \$ 4,247.76

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

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/23/2011	
through	02/19/2011	Page 36 of 45
NAME OF FILER		I.D. NUMBER
JOHN D'AMICO FOR CITY COUNCIL 2011		1330775

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOHN D'AMICO FOR CITY COUNCIL 2011

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
TARGETED COMMUNICATIONS 1800 E. OCEAN BLVD., SUITE 9 LONG BEACH, CA 90802	PHO			157.50
THE HOUSE OF PRINTING 3336 EAST COLORADO BLVD. PASADENA, CA 91107	LIT			296.33
THE HOUSE OF PRINTING 3336 EAST COLORADO BLVD. PASADENA, CA 91107	LIT			301.81
THE HOUSE OF PRINTING 3336 EAST COLORADO BLVD. PASADENA, CA 91107	LIT			3,342.99
U.S. POSTMASTER 1825 N VERMONT AVE LOS ANGELES, CA 90027	POS			880.00

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

SUBTOTAL \$ 4,978.63

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

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/23/2011	
through	02/19/2011	Page <u>37</u> of <u>45</u>
NAME OF FILER		I.D. NUMBER
JOHN D'AMICO FOR CITY COUNCIL 2011		1330775

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOHN D'AMICO FOR CITY COUNCIL 2011

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
VAN NESS RECOVERY HOUSE 1919 N. BEACHWOOD DR. LOS ANGELES, CA 90068	SAL		210.00
VODA SPA 7700 SANTA MONICA BLVD. LOS ANGELES, CA 90046	FND		1,250.00

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

SUBTOTAL \$ 1,460.00

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

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

Statement covers period		CALIFORNIA FORM 460
from	01/23/2011	
through	02/19/2011	Page <u>38</u> of <u>45</u>
NAME OF FILER		I.D. NUMBER
JOHN D'AMICO FOR CITY COUNCIL 2011		1330775

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOHN D'AMICO FOR CITY COUNCIL 2011

I.D. NUMBER

1330775

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
HUGO'S RESTAURANT 8401 SANTA MONICA BLVD. WEST HOLLYWOOD, CA 90069	FND	760.78	0.00	760.78	0.00
CHARLOTTE DOBBS & CO. 3700 WILSHIRE BLVD., STE. 1050A LOS ANGELES, CA 90010	CNS	1,317.45	0.00	0.00	1,317.45
CAR WASH ADVERTISING 1743 S. DOUGLASS ROAD #C ANAHEIM, CA 92806	PRT	450.00	0.00	0.00	450.00
SUBTOTALS \$		2,528.23 \$	0.00 \$	760.78 \$	1,767.45

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

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 \$** 9,487.19
- 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 \$** 2,458.66
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 7,028.53
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		CALIFORNIA FORM 460
from	01/23/2011	
through	02/19/2011	Page 39 of 45
NAME OF FILER JOHN D'AMICO FOR CITY COUNCIL 2011		I.D. NUMBER 1330775

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
NAHUM & REX 2350 HIDALGO AVE. LOS ANGELES CA 90039	CNS	5,000.00	0.00	0.00	5,000.00
REED & DAVIDSON, LLP 3699 WILSHIRE BLVD., SUITE 1290 LOS ANGELES CA 90010	PRO	1,000.00	0.00	1,000.00	0.00
NAHUM & REX 2350 HIDALGO AVE. LOS ANGELES CA 90039	CNS	0.00	5,000.00	0.00	5,000.00
NAHUM & REX 2350 HIDALGO AVE. LOS ANGELES CA 90039	OFC	0.00	728.34	0.00	728.34
SUBTOTALS \$		6,000.00 \$	5,728.34 \$	1,000.00 \$	10,728.34

**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		CALIFORNIA FORM 460
from	01/23/2011	
through	02/19/2011	Page 40 of 45
NAME OF FILER JOHN D'AMICO FOR CITY COUNCIL 2011		I.D. NUMBER 1330775

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
JOHN D'AMICO 8623 RUGBY DRIVE WEST HOLLYWOOD CA 90069	WEB IN-KIND LOAN REPAYMENT	258.10	0.00	258.10	0.00
JOHN D'AMICO 8623 RUGBY DRIVE WEST HOLLYWOOD CA 90069	WEB IN-KIND LOAN	439.78	0.00	439.78	0.00
KEITH RAND 8623 RUGBY DRIVE WEST HOLLYWOOD CA 90069	WEB	0.00	40.00	0.00	40.00
KEITH RAND 8623 RUGBY DRIVE WEST HOLLYWOOD CA 90069	FND	0.00	2,412.94	0.00	2,412.94
SUBTOTALS \$		697.88 \$	2,452.94 \$	697.88 \$	2,452.94

**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	CALIFORNIA FORM 460
from <u>01/23/2011</u>	
through <u>02/19/2011</u>	Page <u>41</u> of <u>45</u>
NAME OF FILER	
JOHN D'AMICO FOR CITY COUNCIL 2011	
I.D. NUMBER	
1330775	

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
RENEE NAHUM 2350 HIDALGO AVE. LOS ANGELES CA 90039	OFC	0.00	1,025.36	0.00	1,025.36
STEVEN BURTCHE 6231 ORANGE ST. LOS ANGELES CA 90048	FND	0.00	100.00	0.00	100.00
SUBTOTALS \$		0.00 \$	1,125.36 \$	0.00 \$	1,125.36

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

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

Statement covers period
 from 01/23/2011
 through 02/19/2011

SCHEDULE G

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOHN D'AMICO FOR CITY COUNCIL 2011

I.D. NUMBER

1330775

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
BACK TO THE KITCHEN 1227 N. HAYWORTH AVE. #3 WEST HOLLYWOOD CA 90046	FND		1,335.00
BACK TO THE KITCHEN 1227 N. HAYWORTH AVE. #3 WEST HOLLYWOOD CA 90046	FND		675.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 2,010.00

* 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.

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	01/23/2011	
through	02/19/2011	Page 43 of 45
		I.D. NUMBER 1330775

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 JOHN D'AMICO FOR CITY COUNCIL 2011

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 STAR MAILING SERVICE, INC.

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 1825 N VERMONT AVE LOS ANGELES CA 90027	POS		1,627.54

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1,627.54

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

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>01/23/2011</u> through <u>02/19/2011</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER JOHN D'AMICO FOR CITY COUNCIL 2011	I.D. NUMBER 1330775
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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
01/28/2011	ERIN M. ANDERSON 7624 FOUNTAIN #3 WEST HOLLYWOOD, CA 90046	PURCHASE OF AUCTION ITEM	325.00
01/28/2011	FRANK DIERNHAMMER HOLMS 8605 RUGBY DR. LOS ANGELES, CA 90069	PURCHASE OF AUCTION ITEM	100.00
01/28/2011	WILLIAM C. HARRELL 1258 S. HIGHLAND AVE. LOS ANGELES, CA 90019	PURCHASE OF AUCTION ITEM	225.00
01/28/2011	BRUCE H. KAYE 848 N. KINGS RD. #202 WEST HOLLYWOOD, CA 90069	PURCHASE OF AUCTION ITEM	100.00
01/28/2011	SUZANNE KIELY 533 S. FULLER AVE. LOS ANGELES, CA 90036	PURCHASE OF AUCTION ITEM	100.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 850.00

Schedule I Summary

1. Itemized increases to cash this period.	\$ 1,925.00
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 \$ 1,925.00

**Schedule I
Miscellaneous Increases to Cash
Continuation Sheet**

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

SCHEDULE I

Statement covers period		CALIFORNIA FORM 460
from	01/23/2011	
through	02/19/2011	Page 45 of 45

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER JOHN D'AMICO FOR CITY COUNCIL 2011	I.D. NUMBER 1330775
---	------------------------

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
01/29/2011	WILLIAM KOHNE 616 N DETROIT STREET LOS ANGELES, CA 90036	PURCHASE OF AUCTION ITEMS	300.00
02/07/2011	ROY OLDENKAMP 1336 N. LAUREL AVE. WEST HOLLYWOOD, CA 90069	PURCHASE OF AUCTION ITEM	300.00
01/31/2011	CHARLES PHILLIPS 8400 DELONGPRE AVE. #308 WEST HOLLYWOOD, CA 90069	PURCHASE OF AUCTION ITEM	225.00
01/28/2011	MAURICE RAMIREZ 1258 S HIGHLAND AVE LOS ANGELES, CA 90019	PURCHASE OF AUCTION ITEM	250.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,075.00