

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>SAMANTHA F. SPECTOR</b> (SBN 204482) <b>SPECTOR LAW, A PROFESSIONAL LAW CORPORATION</b> [REDACTED] LOS ANGELES, CALIFORNIA 90067 TELEPHONE NO.: [REDACTED] E-MAIL ADDRESS (Optional): [REDACTED]		FOR COURT USE ONLY  <b>FILED</b> Superior Court of California County of Los Angeles  MAY 27 2016 Sherri R. [REDACTED] Clerk/Clerk By <u>Manuel Almedras</u> Deputy
ATTORNEY FOR (Name): <b>AMBER LAURA DEPP</b> SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: 111 NORTH HILL STREET MAILING ADDRESS: 111 NORTH HILL STREET CITY AND ZIP CODE: LOS ANGELES, CA 90012 BRANCH NAME: CENTRAL		
PETITIONER/PLAINTIFF: <b>AMBER LAURA DEPP</b> RESPONDENT/DEFENDANT: <b>JOHN CHRISTOPHER DEPP II (AKA JOHNNY DEPP)</b> OTHER PARENT/CLAIMANT:		CASE NUMBER: <b>BD 641 052</b>
<b>INCOME AND EXPENSE DECLARATION</b>		

1. **Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out social security numbers).

- a. Employer: Under the Black Sky, Inc.
- b. Employer's address: [REDACTED] Los Angeles, CA 90067
- c. Employer's phone number: [REDACTED]
- d. Occupation: Actor
- e. Date job started: February 10, 2009
- f. If unemployed, date job ended:
- g. I work about Varies hours per week.
- h. I get paid \$ \_\_\_\_\_ gross (before taxes)  per month  per week  per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. **Age and education**

- a. My age is (specify): 30
- b. I have completed high school or the equivalent:  Yes  No If no, highest grade completed (specify):
- c. Number of years of college completed (specify):  Degree(s) obtained (specify):
- d. Number of years of graduate school completed (specify):  Degree(s) obtained (specify):
- e. I have:  professional/occupational license(s) (specify):  Degree(s) obtained (specify):  
 vocational training (specify):

3. **Tax information**

- a.  I last filed taxes for tax year (specify year): 2014
- b. My tax filing status is  single  head of household  married, filing separately  married, filing jointly with (specify name):
- c. I file state tax returns in  California  other (specify state):
- d. I claim the following number of exemptions (including myself) on my taxes (specify): One

4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ UNKNOWN  
 This estimate is based on (explain): TBD

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: May 23, 2016

Amber Laura Depp  
 (TYPE OR PRINT NAME)

[Signature]  
 (SIGNATURE OF DECLARANT)

**INCOME AND EXPENSE DECLARATION**

FL-150

PETITIONER/PLAINTIFF: AMBER LAU. . DEPP	CASE NUMBER:
RESPONDENT/DEFENDANT: JOHN CHRISTOPHER DEPP II (AKA JOHNNY DEPP)	BD 641052
OTHER PARENT/CLAIMANT:	

12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses  Estimated expenses  Actual expenses  Proposed needs

a. Home:

(1)  Rent or  mortgage \$ 10,000

if mortgage:

(a) average principal: \$ 0

(b) average interest: \$ 0

(2) Real property taxes \$ 0

(3) Homeowner's or renter's insurance (if not included above) \$ 200

(4) Maintenance and repair \$ 200

b. Health-care costs not paid by insurance \$ 3,000

c. Child care \$ 0

d. Groceries and household supplies \$ 2,000

e. Eating out \$ 2,000

f. Utilities (gas, electric, water, trash) \$ 1,000

g. Telephone, cell phone, and e-mail \$ 500

h. Laundry and cleaning \$ 300

i. Clothes \$ 2,000

j. Education \$ 0

k. Entertainment, gifts, and vacation \$ 10,000

l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ 2,000

m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ 0

n. Savings and investments \$ 0

o. Charitable contributions \$ 500

p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$

q. Other (specify): misc., grooming, pet supplies, pr/agent/atty \$ 10,000

r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ 43,700

s. Amount of expenses paid by others \$

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

a. To date, I have paid my attorney this amount for fees and costs (specify): \$ 0

b. The source of this money was (specify):

c. I still owe the following fees and costs to my attorney (specify total owed): \$

d. My attorney's hourly rate is (specify): \$ 550

I confirm this fee arrangement.

Date: MAY 23, 2016

SAMANTHA F. SPECTOR (TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

UNDER THE BLACK SKY, INC.  
 STATEMENT OF REVENUES COLLECTED AND EXPENSES PAID  
 For the 5 Periods Ended MAY 31, 2016

	FOR the month ended 05/31/16	Year-to-date through 05/31/16
<b>REVENUES COLLECTED</b>		
4004 THE CLEVELAND SNOW	\$ 0.00	\$ 23.71
4032 THE LATE LATE SNOW	0.00	456.00
4033 WHAT'S THE POINT	6,716.79	6,716.79
4101 THE CLEVELAND SNOW	0.00	144.12
4103 AND SOON THE DARKNESS	0.00	615.93
4104 DRIVE AMERY	0.00	772.34
4106 THE RUN DIARY	0.00	19.20
4107 STUP	56.16	108.35
4108 MACHETE KILLS	0.00	547.33
4112 PARAMOIA	2,056.16	6,566.47
4113 THREE DAYS TO KILL	0.00	323.69
4114 THE LATE LATE SNOW	0.00	20.79
4115 MAGIC MIKE XXL		
RESIDUALS	0.00	10,505.48
4605 DIVIDEND INCOME	0.00	1.73
<b>TOTAL REVENUES COLLECTED</b>	<b>8,872.11</b>	<b>24,021.99</b>

<b>EXPENSES PAID</b>		
6110 SALARIES - OTHERS	2,310.00	21,550.00
6215 VIDEOS, TAPES & RECORDS	0.00	620.39
6220 AUTO EXPENSES	0.00	1,201.27
6270 BANK CHARGES	0.00	832.41
6400 DUES AND SUBSCRIPTIONS	0.00	149.99
6430 BUSINESS ENTERTAINMENT	0.00	318.66
6450 RESEARCH	0.00	1,660.47
6580 MEDICAL (NET OF REIMBURSE)	493.50	1,537.90
6620 OFFICE SUPPLY AND EXPENSE	0.00	2,814.80
6622 COMPUTER EXPENSES	0.00	559.99
6641 PROFESSIONAL DEVELOPMENT	0.00	2,275.00
6644 MAKEUP AND HAIRDRESSING	0.00	250.00
6650 PUBLIC RELATIONS	0.00	14,250.00
6705 PROFESSIONAL FEES - LEGAL	0.00	75.00
6710 PROF. FEES - ACCOUNTING	0.00	6,000.00
6730 BUSINESS MEALS	0.00	7,406.56
6820 PAYROLL TAXES	252.95	1,369.75
6881 STATE INCOME TAX	0.00	1,870.00
6884 NY STATE INCOME TAX	0.00	25.00
6884-1 NY CITY INCOME TAX	0.00	25.00
6889 TAXES AND LICENSES	0.00	21.36
6920 TRAVEL EXPENSES	0.00	20.93
6935 TRAVEL - HOTELS	0.00	660.38

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