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CITY OF WEST HOLLYWOOD

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OFFICE OF THE CITY CLERK

Officeholder and Candidate  
Campaign Statement –  
Short Form

(Government Code Section 84206)

Type or print in ink.

Date Stamp

SHORT FORM  
CALIFORNIA FORM 470

For Official Use Only

Date of election if applicable:  
(Month, Day, Year)

Amendment (Explain Below)

March 5, 2013

1. Statement Covers Calendar Year 2013.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Tom Demille

STREET ADDRESS

980 Palm Ave

CITY

West Hollywood

STATE

ZIP CODE

CA 90069

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council

JURISDICTION (LOCATION)

DISTRICT NUMBER  
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

People First Committee

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

Aug 28, 2013

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE