

**Officeholder and Candidate
Campaign Statement –
Short Form**

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

**CALIFORNIA
FORM 470**

For Official Use Only

<p>Date of election if applicable: (Month, Day, Year)</p> <p>3/8/11</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p>	<p>Date Stamp</p> <p>RECEIVED CITY OF WEST HOLLYWOOD 12 SEP -5 PM 1:59 E OF THE CITY CLERK</p>
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1. Statement Covers Calendar Year 20 ____ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Mito Aviles

STREET ADDRESS
1253 N. Orange Grove Ave

CITY STATE ZIP CODE
West Hollywood, CA 90016

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
323-356-9582

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Councilor

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

4. Committee Information

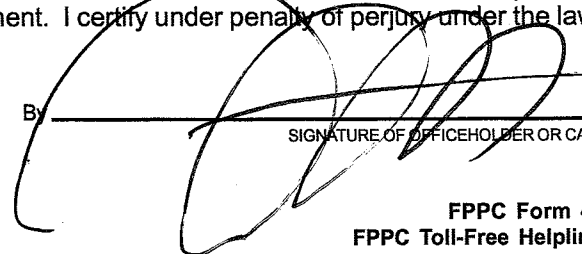
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
Friends of Mito Aviles for West Hollywood City Council #1324765	1253 N. Orange Grove Ave West Hollywood, CA 90016	Chad Michael Morrisette

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 7/29/12 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Type or print in ink.

**Officeholder and Candidate
Campaign Statement
Form 470 Supplement**
(Government Code Section 84206)

FORM 470 SUPPLEMENT

Amendment (Explain Below)

Date Stamp

CALIFORNIA 470
FORM SUPPLEMENT
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$1,000 or more or has made expenditures of \$1,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Mito Aviles

STREET ADDRESS

1253 N. Orange Grove Ave

CITY

West Hollywood, CA

STATE

ZIP CODE

90046

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

323-356-9502

2. Office Sought

OFFICE SOUGHT

City Councilor

DISTRICT NUMBER
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

3/9/12

3. Date Contributions Totalling \$1,000 or More Were Received or Date Expenditures of \$1,000 or More Were Made

(MONTH, DAY, YEAR)

N/A