Officeholder and Candidate Campaign Statement – Short Form (Government Code Section 84206)		Type or print in ink.		Date Stamp  CALIFORNIA 470  FORM		
		Date of election if applicable: (Month, Day, Year)  March 5, 2013	Amendment (Explain Below)	CITY OF WEST HOLLYWO	For Official Use Only	
				PFFICE OF THE CITY CLERK		
1.	Statement Covers Calendar Year 2	018.				
2.	Officeholder or Candidate Information 3. Office Sought or Held					
	NAME OF OFFICEHOLDER OR CANDIDATE  TOM Demille		OFFICE SOUGHT OR HELE	OFFICE SOUGHT OR HELD  CITY COUNCIL		
	STREET ADDRESS  980 DAM AUE	JURISDICTION (LOCATION)	· .	DISTRICT NUMBER (IF APPLICABLE)		
	280 DAM AUB CITY LU. HOLLY MUS DA 90 AREA CODE/DAYTIME PHONE NUMBER	STATE ZIP CODE  OPTIONAL: FAX / E-MAIL ADDRE				
	310-867-1364 Elect Tom Denille WyAhov. Com					
4.	Committee Information List all committees of which you have knowled COMMITTEE NAME AND I.D. NUMBER	edge that are primarily formed	to receive contributions or to ma	•	your candidacy.	
	People first Com	nittee 980 W. F	palm AUR follywold CA 90	Jonathan Monnill 20069 818-487-8117		
5.	Verification					
	I declare under penalty of perjury that to the calendar year and that I have used all reason that the foregoing is true and correct.					

Executed on \_

SIGNATURE OF OFFICEHOLDER OR CANDIDATE