

West Hollywood.

Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(if applicable)

Termination -- See Part 5

List I.D. number:

1324765
12, 30, 13
Date of Termination

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

JAN 02 2014

DEBRA BOWEN
Secretary of State

CALIFORNIA FORM 410

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2014 JAN 21 AM 10:10

CAMPAIGN AND DISCLOSURE

1. Committee Information

NAME OF COMMITTEE
Friends of Mito Aviles for West Hollywood City Council

STREET ADDRESS (NO P.O. BOX)
1253 N. Orange Grove Ave, West Hollywood, CA 90046

CITY STATE ZIP CODE AREA CODE/PHONE
West Hollywood CA 90046 323-363-6130

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE
Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Mito Aviles

STREET ADDRESS (NO P.O. BOX)
1124 N. Gardner Ave, West Hollywood, CA 90046

CITY STATE ZIP CODE AREA CODE/PHONE
West Hollywood CA 90046 323-356-9580

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Mito Aviles

STREET ADDRESS (NO P.O. BOX)
1124 N. Gardner Ave, West Hollywood, CA 90046

CITY STATE ZIP CODE AREA CODE/PHONE

323-356-9580

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 12/30/13 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/30/13 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT