

**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

Date of election if applicable:
(Month, Day, Year)
March 3, 2009

Amendment (Explain Below)

RECEIVED
CITY OF WEST HOLLYWOOD
Date Stamp
09 JAN 23 PM 4:55
OFFICE OF THE CITY CLERK

1. Statement Covers Calendar Year 20 09.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
BISSEZ STOYANOV

STREET ADDRESS
950 N. KINGS RD. #130

CITY STATE ZIP CODE
West Hollywood CA 90069

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City of West Hollywood Council Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Los Angeles County

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
<u>NONE</u>		<u>NONE</u>

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 JAN 23, 2009
DATE

By Bissez Stoyanov
SIGNATURE OF OFFICEHOLDER OR CANDIDATE