

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Date Stamp

RECEIVED CITY OF WEST HOLLYWOOD

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OFFICE OF THE CITY CLERK

Check One: [X] Initial [] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Aviles, Mito
DAYTIME TELEPHONE NUMBER (323) 356-8582
FAX NUMBER (optional) ()
E-MAIL (optional) treatmedia@gmail.com
STREET ADDRESS 1253 N. Orange Grove Avenue
CITY West Hollywood
STATE CA
ZIP CODE 90046

OFFICE SOUGHT (POSITION TITLE) West Hollywood City Council Memner
AGENCY NAME City of West Hollywood
DISTRICT NUMBER, if applicable.
NON-PARTISAN []
PARTY: Democrat

OFFICE JURISDICTION

[] State (Complete Part 2)

[X] City [] County [] Multi-County:

(Name of Multi-County Jurisdiction)

2011

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

(Year of Election) Primary/general election

(Year of Election) Special/runoff election

(Check one box)

[] I accept the voluntary expenditure ceiling for the election stated above.

[] I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

[] I did not exceed the expenditure ceiling in the primary or special election held on: ___/___/___ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

[] On ___/___/___, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on November 10, 2010 (month, day, year)

Signature [Handwritten Signature] (Candidate)