

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type **Initial**
Not yet qualified or

Amendment
List I.D. number:

Termination -- See Part 5
List I.D. number:

Date qualified as committee

Date qualified as committee
(if applicable)

Date of Termination

Date Stamp	RECEIVED CITY OF WEST HOLLYWOOD 10 FEB 10 PM 1:52 OFFICE OF THE CITY CLERK	CALIFORNIA FORM 410
		For Official Use Only

1. Committee Information

NAME OF COMMITTEE

FRIENDS OF MITO AVILES FOR WEST HOLLYWOOD CITY COUNCIL 2011

STREET ADDRESS (NO P.O. BOX)

1253 N. ORANGE GROVE AVENUE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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WEST HOLLYWOOD	CA	90046	323.356.8582
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MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

TREATMEDIA@GMAIL.COM

COUNTY OF DOMICILE

LOS ANGELES

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

CHADMICHAEL MORRISETTE

STREET ADDRESS (NO P.O. BOX)

1253 N. ORANGE GROVE AVENUE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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WEST HOLLYWOOD	CA	90046	323.363.6130
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NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)

MITO AVILES

STREET ADDRESS (NO P.O. BOX)

1253 N. ORANGE GROVE AVENUE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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WEST HOLLYWOOD	CA	90046	323.356.8582
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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 2.15.2010
DATE

Executed on 2.15.2010
DATE

Executed on _____
DATE

Executed on _____
DATE

By Chad Michael Morrissette
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

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

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COMMITTEE NAME

I.D. NUMBER

FRIENDS OF MITO AVILES FOR WEST HOLLYWOOD CITY COUNCIL 2011

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
MITO AVILES	WEST HOLLYWOOD CITY COUNCIL MEMBER	2011	<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
N/A: AWAITING CAMPAIGN ID# IN ORDER TO OPEN ACCT.		
ADDRESS	CITY	STATE ZIP CODE

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
N/A			
		SUPPORT	OPPOSE

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COMMITTEE NAME

I.D. NUMBER

FRIENDS OF MITO AVILES FOR WEST HOLLYWOOD CITY COUNCIL 2011

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

N/A

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

N/A

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.