

# Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

**Statement Type**  Initial  
Not yet qualified  or

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

**Amendment**  
List I.D. number:  
# 1324765

02 / 22 / 10  
Date qualified as committee  
(If applicable)

**Termination – See Part 5**  
List I.D. number:  
# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

Date Stamp	<b>CALIFORNIA FORM 410</b>
RECEIVED CITY OF WEST HOLLYWOOD	For Official Use Only
10 AUG 30 AM 9:03	
OFFICE OF THE CITY CLERK	

## 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
<b>West Hollywood</b>	<b>CA</b>	<b>90046</b>	<b>323.356.8582</b>

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE <b>Los Angeles</b>	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
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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
<b>West Hollywood</b>	<b>CA</b>	<b>90046</b>	<b>323.356.8582</b>

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)  
**1253 N. Orange Grove Avenue**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>West Hollywood</b>	<b>CA</b>	<b>90046</b>	<b>323.356.8582</b>

## 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 08.25.10  
DATE

Executed on 08.25.10  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By   
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

1324765

## 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 Democrat
			<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	
First Entertainment Credit Union	888.800.3328	225198	
ADDRESS	CITY	STATE	ZIP CODE
P.O. Box 100	Hollywood	CA	90078

### 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

1324765

## 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.