

**Officeholder and Candidate  
Campaign Statement –  
Short Form**

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

RECEIVED  
CITY OF WEST HOLLYWOOD

Date Stamp

**CALIFORNIA  
FORM 470**

For Official Use Only

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

3/8/11

Amendment (Explain Below)

11 JAN 27 AM 10:51

OFFICE OF THE CITY CLERK

1. Statement Covers Calendar Year 20 11 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Mito Aviles

STREET ADDRESS

1253 N. Orange Grove Ave

CITY

West Hollywood

STATE

CA

ZIP CODE

90046

AREA CODE/DAYTIME PHONE NUMBER

323 356 8582

OPTIONAL FAX / E-MAIL ADDRESS

mito@mitoaviles.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

West Hollywood City Council Member

JURISDICTION (LOCATION)

DISTRICT NUMBER  
(IF APPLICABLE)

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
Friends of Mito Aviles for West Hollywood City Council 2011 ID# 1324705	1253 N. Orange Grove Ave West Hollywood, CA 90046	Chad Michael Morrisette

5. Verification

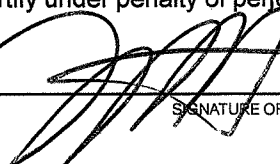
I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

1/27/11

DATE

By



SIGNATURE OF OFFICEHOLDER OR CANDIDATE