

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

RECEIVED CITY OF WEST HOLLYWOOD 12 FEB 17 PM 2: 19 OFFICE OF THE CITY CLERK	CALIFORNIA FORM 470 For Official Use Only
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Date of election if applicable: (Month, Day, Year) <u>3 / 8 / 11</u>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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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, CA STATE CA ZIP CODE 90046

AREA CODE/DAYTIME PHONE NUMBER 323-356-8582 OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Councilor

JURISDICTION (LOCATION)

DISTRICT NUMBER (IF APPLICABLE)

4. Committee Information

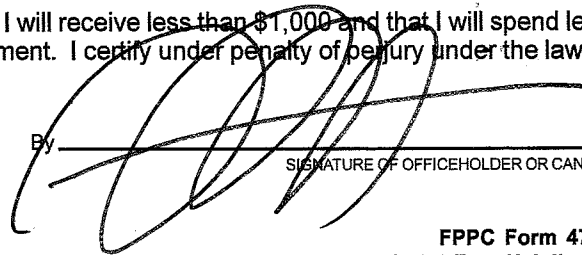
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>Friends of Mito Aviles for West Hollywood City Council #1324765</u>	<u>1253 N. Orange Grove Ave West Hollywood, CA 90046</u>	<u>Chad Michael Morrisette</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 2/15/12 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE

**Officeholder and Candidate
Campaign Statement
Form 470 Supplement**
(Government Code Section 84206)

Type or print in ink.

FORM 470 SUPPLEMENT

<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp	CALIFORNIA FORM 470 SUPPLEMENT
	For Official Use Only	

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$1,000 or more or has made expenditures of \$1,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Mito Aviles

STREET ADDRESS
1253 N. Orange Grove Ave

CITY STATE ZIP CODE
West Hollywood CA 90046

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
323-356-8592

2. Office Sought

OFFICE SOUGHT DISTRICT NUMBER (IF APPLICABLE)
City Councilor

DATE OF ELECTION (MONTH, DAY, YEAR)
3/9/11

3. Date Contributions Totalling \$1,000 or More Were Received or Date Expenditures of \$1,000 or More Were Made

NA
(MONTH, DAY, YEAR)