Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Amendment
☐ List I.D. number:
☐ Termination – See Part 5
☐ List I.D. number:
☐ Date qualified as committee
☐ Date qualified as committee
☐ Date of Termination
☐ Amended
☐ I.D. number:
☐ Amendment
☐ Date qualified as committee
☐ Date qualified as committee
☐ Date of Termination

1. Committee Information

NAME OF COMMITTEE
Friends of Mito Aviles for West Hollywood Council

STREET ADDRESS (NO PO. BOX)
1253 N. Orange Grove Ave, West Hollywood, CA 90046

CITY
West Hollywood
STATE
CA
ZIP CODE
90046

STREET ADDRESS (NO PO. BOX)
120 N. Gardner Ave, West Hollywood, CA 90046

CITY
West Hollywood
STATE
CA
ZIP CODE
90046

Mailing Address (If Different)

Fax/E-mail Address

County of Operation
Los Angeles

Jurisdiction Where Committee is Active

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Mito Aviles

STREET ADDRESS (NO PO. BOX)
120 N. Gardner Ave, West Hollywood, CA 90046

CITY
West Hollywood
STATE
CA
ZIP CODE
90046

323-352-6586

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO PO. BOX)

CITY

STATE

ZIP CODE

NAME OF PRINCIPAL OFFICER

STREET ADDRESS (NO PO. BOX)

CITY

STATE

ZIP CODE

323-352-6586

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 12/30/13
By
Signature of Treasurer or Assistant Treasurer

Executed on 12/30/13
By
Signature of Controlling Officer/Holder, Candidate, or State Measure Proponent

Executed on
By
Signature of Controlling Officer/Holder, Candidate, or State Measure Proponent

Executed on
By
Signature of Controlling Officer/Holder, Candidate, or State Measure Proponent

FPPC Form 410 (Dec/2012)
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