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CITY OF WEST HOLLYWOOD
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OFFICE OF THE CITY CLERK

Officeholder and Candidate
 Campaign Statement -
 Short Form

Date of election if applicable: (Month, Day, Year) <u>MARCH 3, 2015</u>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>	Date Stamp	CALIFORNIA FORM 470 <small>For Official Use Only</small>
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1. Statement Covers Calendar Year 20 14.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Tom Demillo

HOME ADDRESS
980 palm ave #205

CITY STATE ZIP CODE
310-855-9958

AREA CODE DAYTIME PHONE NUMBER OPTIONAL FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
LA COUNTY

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>People First Committee</u>	<u>980 palm ave 205 West Hollywood 90069</u>	<u>JOHN STAN MORRIS II</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 July 18, 2014
DATE

By [Signature]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

FPPC Form 470/470 Supplement (Jan/2008)
 FPPC Form 470/470 Supplement Instructions - Rev. 2 (Dec/2012)
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)
 www.fppc.ca.gov