Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Amendment
☐ Termination – See Part 5

Not yet qualified ☒ or

List I.D. number:
# ______________________________

Date qualified as committee:

List I.D. number:
# ______________________________

Date qualified as committee (if applicable):

Date of Termination:

1. Committee Information

NAME OF COMMITTEE
Friends of Mito Aviles

STREET ADDRESS (NO P.O. BOX)
1253 N. Orange Grove Avenue

CITY
West Hollywood

STATE
CA

ZIP CODE
90046

AREA CODE/PHONE
323.356.8582

MAILING ADDRESS (IF DIFFERENT)
treatmedia@gmail.com

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE
Los Angeles

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER
ChadMichael Morrisette

STREET ADDRESS (NO P.O. BOX)
1253 N. Orange Grove Avenue

CITY
West Hollywood

STATE
CA

ZIP CODE
90046

AREA CODE/PHONE
323.363.6130

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
West Hollywood

STATE
CA

ZIP CODE
90046

AREA CODE/PHONE
323.356.8582

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 02-02-2010

DATE

Executed on 02-02-2010

DATE

Executed on

DATE

Executed on

DATE

Signed: ______________________________

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Signed: ______________________________

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Signed: ______________________________

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Signed: ______________________________

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FFPC Form 410 (June/09)
FFPC Toll-Free Helpline: 888/ASK-FFPC (888/275-3772)
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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mito Aviles</td>
<td>West Hollywood City Council Member</td>
<td>2011</td>
<td>☐ Non-Partisan</td>
</tr>
</tbody>
</table>

- List the financial institution where the campaign bank account is located (controlled “candidate election” committees only)

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A: Awaiting Campaign ID# to open acct.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ADDRESS
CITY
STATE
ZIP CODE

Will amend information once bank acct. is opened.

**Primarily Formed Committee**  Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

SUPPORT  OPPOSE

SUPPORT  OPPOSE
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Friends of Mito Aviles

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.

<table>
<thead>
<tr>
<th>NAME OF SPONSOR</th>
<th>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>NO. AND STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.