

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

**CALIFORNIA  
FORM 470**

Date Stamp  
RECEIVED  
CITY OF WEST HOLLYWOOD  
11 JAN 10 PM 1:31  
OFFICE OF THE CITY CLERK

For Official Use Only

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

03/08/11

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 11.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

MARK GONZA GA

STREET ADDRESS

1037 N. GENESEE AVE, #1

CITY

STATE

ZIP CODE

WEST HOLLYWOOD, CA 90046

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

323-848-9787 gonzma1@aol.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council Member

JURISDICTION (LOCATION)

West Hollywood

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
NONE		
NONE		

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 JAN. 7, 2011  
DATE

By [Signature]  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE