
2. Officeholder or Candidate Information

   NAME OF OFFICERHOLDER OR CANDIDATE: MARK GONZA
   STREET ADDRESS: 1037 N. GENESEE AVE, #1
   CITY: WEST HOLLYWOOD
   STATE: CA
   ZIP CODE: 90046
   AREA CODE/DAYTIME PHONE NUMBER: 323-848-9787
   OPTIONAL E-MAIL ADDRESS: GONZMA1@aol.com

3. Office Sought or Held

   OFFICE SOUGHT OR HELD: CITY COUNCILMEMBER
   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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME AND I.D. NUMBER</th>
<th>COMMITTEE ADDRESS</th>
<th>NAME OF TREASURER</th>
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<tbody>
<tr>
<td>NONE</td>
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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

   By

   SIGNATURE OF OFFICERHOLDER OR CANDIDATE

   FPPC Form 470/470 Supplement (January/08)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)