

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

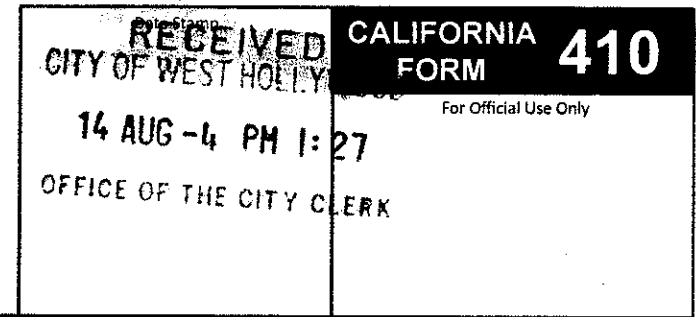
List I.D. number:

_____/_____/_____
Date qualified as committee

Termination - See Part 5

List I.D. number:

_____/_____/_____
Date of Termination



1. Committee Information

NAME OF COMMITTEE
Duke Mason for West Hollywood City Council 2015

STREET ADDRESS (NO P.O. BOX)
1206 N. Detroit Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood, CA		90046	310-993-8824

MAILING ADDRESS (IF DIFFERENT)
728 W. Edna Place
Covina, CA 91722

FAX / E-MAIL ADDRESS
jamesdukemason@gmail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles	

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Yolanda Miranda

STREET ADDRESS (NO P.O. BOX)
728 W. Edna Place

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Covina, CA		91722	626-915-7635

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

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 07/30/2014 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/30/2014 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT