

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: _____
 # 1369202 # _____
 _____/_____/_____ 08/12/2014 _____/_____/_____
 Date qualified as committee Date qualified as committee Date of Termination
(if applicable)

Date Stamp **REC CALIFORNIA 410**
CITY OF WEST **FORM** **Official Use Only**
 14 AUG 18 PM 1:47
 OFFICE OF THE CITY CLERK

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 08/14/2014 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 08/14/2014 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