

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

Date Stamp AUG -4 PM 1:12 OFFICE OF THE CITY CLERK	CALIFORNIA FORM 460
Page <u>1</u> of <u>6</u>	
For Official Use Only	

Statement covers period

from 01/01/2016

through 06/30/2016

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

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall | <input type="checkbox"/> Sponsored |
| <i>(Also Complete Part 5)</i> | <i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
| <input type="checkbox"/> Sponsored | <i>(Also Complete Part 7)</i> |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|--|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1369202

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO 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) NO. AND STREET OR P.O. BOX
728 W. Edna Place

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Covina	CA	91722	

OPTIONAL: FAX / E-MAIL ADDRESS
jamesdukemason@gmail.com

Treasurer(s)

NAME OF TREASURER
Yolanda Miranda

MAILING ADDRESS
728 W. Edna Place

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

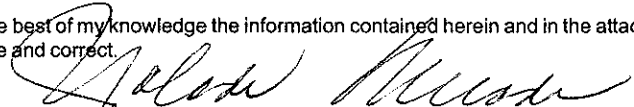
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.


Executed on 07/23/2016
Date

Executed on 07/23/2016
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By 
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

James Duke Mason

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member: West Hollywood

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

1285 N. Crescent Heights Blvd. Apt. K West Hollywood CA 90046

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>6</u>	I.D. NUMBER <u>1369202</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Duke Mason for West Hollywood City Council 2015

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 0.00	\$ 0.00
2. Loans Received	Schedule B, Line 3	0.00	75.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 0.00	\$ 75.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 0.00	\$ 75.00

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$ 0.00	\$ 0.00
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 0.00	\$ 0.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	18,957.27
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 0.00	\$ 18,957.27

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(if Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 65.19
13. Cash Receipts	Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	0.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 65.19

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 19,032.27

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2016	
through	06/30/2016	Page <u>4</u> of <u>6</u>
NAME OF FILER		I.D. NUMBER
Duke Mason for West Hollywood City Council 2015		1369202

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Duke Mason for West Hollywood City Council 2015

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Yolanda Miranda & Associates, Inc. 728 W. Edna Place Covina, CA 91722	PRO	350.00	0.00	0.00	350.00
Outland Creative Works, Inc. 1925 Century Park East, Ste. 1255 Los Angeles, CA 90067	CNS Invoice in dispute	10,000.00	0.00	0.00	10,000.00
Carrillo Strategies 572 E. M Street Wilmington, CA 90744	CNS	1,000.00	0.00	0.00	1,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS \$	11,350.00\$	0.00\$	0.00\$	11,350.00
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Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 0.00
May be a negative number

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2016	
through	06/30/2016	Page 5 of 6

NAME OF FILER Duke Mason for West Hollywood City Council 2015	I.D. NUMBER 1369202
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
The Harman Press 6840 Vineland Ave. North Hollywood, CA 91605	CMP Signs	654.00	0.00	0.00	654.00
Yolanda Miranda & Associates, Inc. 728 W. Edna Place Covina, CA 91722	PRO	500.00	0.00	0.00	500.00
Carrillo Strategies 572 E. M Street Wilmington, CA 90744	CNS	1,300.00	0.00	0.00	1,300.00
Yolanda Miranda & Associates, Inc. 728 W. Edna Place Covina, CA 91722	PRO	500.00	0.00	0.00	500.00
SUBTOTALS \$		2,954.00 \$	0.00 \$	0.00 \$	2,954.00

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

SCHEDULE F (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2016	
through	06/30/2016	Page 6 of 6
NAME OF FILER		I.D. NUMBER
Duke Mason for West Hollywood City Council 2015		1369202

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
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| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
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| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Fred Karger 2745 Woodstock Rd. Los Angeles, CA 90046	FND Bartending Services for fundraiser	150.00	0.00	0.00	150.00
Fred Karger 2745 Woodstock Rd. Los Angeles, CA 90046	FND Reimbursement for beverages for fundraiser	203.27	0.00	0.00	203.27
Vincent Roncone 601 N. Spaulding Ave., Apt.14 Los Angeles, CA 90036	CNS	4,300.00	0.00	0.00	4,300.00
SUBTOTALS \$		4,653.27\$	0.00\$	0.00\$	4,653.27