

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

Date qualified as committee

Date qualified as committee
(if applicable)

Termination - See Part 5
List I.D. number:

Date of Termination

Date Stamp RECEIVED CITY OF WEST HOLLWOOD 11 FEB 14 PM 1:04 OFFICE OF THE CITY CLERK	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information

NAME OF COMMITTEE Lucas John Junkin

STREET ADDRESS (NO P.O. BOX) 1030 CRESCENT Heights CA 90046
CITY STATE ZIP CODE AREA CODE/PHONE
West Hollywood CA 90046 703-5694

MAILING ADDRESS (IF DIFFERENT) _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

COUNTY OF DOMICILE Los Angeles COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE _____

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER CRAIG JORDAN

STREET ADDRESS (NO P.O. BOX) 1325 N. Gardner St. Los Angeles CA 90046
CITY STATE ZIP CODE AREA CODE/PHONE
(323)-798-5640

NAME OF ASSISTANT TREASURER, IF ANY _____

STREET ADDRESS (NO P.O. BOX) _____
CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S) Lucas Junkin

STREET ADDRESS (NO P.O. BOX) 1030 CRESCENT Heights CA 90046
CITY STATE ZIP CODE AREA CODE/PHONE
West Hollywood

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 2/14/2011
DATE
Executed on 2/19/2011
DATE
Executed on _____
DATE
Executed on _____
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By [Signature]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Lucas John Junkin	City Council	2011	<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION J.P. Morgan Chase		AREA CODE/PHONE 323-852-3933	BANK ACCOUNT NUMBER	
ADDRESS 8150 Sunset Blvd.	CITY Los Angeles	STATE CA	ZIP CODE 90046	

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
Lucas John Junkin	City Council	<input checked="" type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE