Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Amendment
☐ Termination – See Part 5
Not yet qualified ☒ or
List I.D. number: #

Date qualified as committee
Date qualified as committee (if applicable)

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

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

FAX/E-MAIL ADDRESS
jamesduke@duke.mason@gmail.com

COUNTY OF Domicile
Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Yolanda Miranda

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

CITY
Covina, CA 91722

STATE
ZIP CODE
626-915-7635
AREA CODE/PHONE

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

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 OF TREASURER OR ASSISTANT TREASURER

Executed on 07/30/2014
By __________________________
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

Executed on __________________
By __________________________
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

Executed on __________________
By __________________________
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

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