Candidate Intention Statement

Check One: ☒ Initial    ☐ Amendment (Explain) ________________________________

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)        DAYTIME TELEPHONE NUMBER    FAX NUMBER (optional)    E-MAIL (optional)
John William Heilman (310) 657-0400    ( )    jheilman90069@aol.com

STREET ADDRESS    CITY    STATE    ZIP CODE
1155 La Cienega #1202    West Hollywood    CA    90069

OFFICE SOUGHT (POSITION TITLE)    AGENCY NAME
City Council    West Hollywood

OFFICE JURISDICTION
☒ City    ☐ County    ☐ Multi-County: ___________________________ (Name of Multi-County Jurisdiction) 2015
(Year of Election)

☐ State (Complete Part 2.)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

☐ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:
☐ I did not exceed the expenditure ceiling in the primary or special election held on: _____/____/______ and I accept the voluntary expenditure ceiling for the general or special run-off election.

☐ On _____/____/______, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on September 2, 2014 (month, day, year)    Signature ___________________________ (Candidate)