Recipient Committee
Campaign Statement
Cover Page

Statement covers period:
from 1/1/16
through 6/30/16

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

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - Officeholder, Candidate Controlled Committee
   - State Candidate Election Committee
   - Recall (Also Complete Part 5)
   - General Purpose Committee
   - Sponsored
   - Small Contributor Committee
   - Political Party/Central Committee
   - Primarily Formed Ballot Measure Committee
   - Controlled (Also Complete Part 6)
   - Primarily Formed Candidate/Officeholder Committee
   - (Also Complete Part 7)

2. Type of Statement:
   - Preelection Statement
   - Semi-annual Statement
   - Termination Statement
      (Also file a Form 410 Termination)
   - Amendment (Explain below)
   - Quarterly Statement
   - Special Odd-Year Report

3. Committee Information
   I.D. NUMBER: 1373698
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):
   Heilman for City Council 2015
   STREET ADDRESS (NO P.O. BOX):
   1155 La Cienega #1202
   CITY: West Hollywood
   STATE: CA
   ZIP CODE: 90069
   AREA CODE/PHONE: 310-657-0400
   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX:
   CITY: West Hollywood
   STATE: CA
   ZIP CODE: 90069
   AREA CODE/PHONE:

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 7/18/16
   Date
   Executed on 7/18/16
   Date
   Executed on
   Date
   Executed on
   Date

   By John Heilman
   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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (855/275-3772)
5. Officeholder or Candidate Controlled Committee

**NAME OF OFFICEHOLDER OR CANDIDATE**

John Heilman

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

West Hollywood City Council

**RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)**

1155 La Cienega #1202

**CITY, STATE, ZIP**

West Hollywood, CA 90069

**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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee to Elect John Heilman to City Council 2015</td>
<td>841705</td>
</tr>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>John Heilman</td>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO. P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1155 La Cienega #1202</td>
<td>West Hollywood, CA 90069</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY, STATE, ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Hollywood, CA 90069</td>
<td>310-457-0400</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Heilman for City Council 2015</td>
<td>1376237</td>
</tr>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>John Heilman</td>
<td>YES</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
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<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY, STATE, ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Hollywood, CA 90069</td>
<td>310-657-0400</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

**NAME OF BALLOT MEASURE**


**BALLOT NO. OR LETTER**


**JURISDICTION**


**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

**NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER**


**OFFICE SOUGHT OR HELD**


**DISTRICT NO. IF ANY**


7. Primarily Formed Candidate/Officeholder Committee

**List names of officeholder(s) or candidate(s) for which this committee is primarily formed.**

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Attach continuation sheets if necessary**
**Contributions Received**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL THIS PERIOD</td>
<td>TOTAL TO DATE</td>
</tr>
<tr>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3</td>
</tr>
<tr>
<td>Loans Received</td>
<td>Schedule B, Line 3</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
</tr>
</tbody>
</table>

**Expenditures Made**

<table>
<thead>
<tr>
<th>Schedule E, Line 4</th>
<th>Schedule H, Line 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$78.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
</tr>
</tbody>
</table>

**Current Cash Statement**

<table>
<thead>
<tr>
<th>Previous Summary Page, Line 16</th>
<th>Column A, Line 3 above</th>
<th>Column A, Line 8 above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$341,52</td>
<td>$78.00</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14</td>
<td>$263,52</td>
</tr>
</tbody>
</table>

**Cash Equivalents and Outstanding Debts**

<table>
<thead>
<tr>
<th>Schedule B, Part 2</th>
<th>Line 9 in Column B above</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOAN GUARANTEES RECEIVED</td>
<td>Add Line 2 + Line 9 in Column B above</td>
</tr>
<tr>
<td>Cash Equivalents</td>
<td>$8,600.00</td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>$263,52</td>
</tr>
</tbody>
</table>

**Expenditure Limit Summary for State Candidates**

<table>
<thead>
<tr>
<th>Date of Election</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm/dd/yyyy</td>
<td>$0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>Contributions Received</th>
<th>Expenditures Made</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1 through 6/30</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>7/1 to Date</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.*
Schedule A
Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER:
Heilman for City Council 2015

Statement covers period
from 1/1/16 through 6/30/16

CALIFORNIA FORM 460
Page 4 of 13

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ................................................................. $ 0

2. Amount received this period – unitemized monetary contributions of less than $100 ................................................................. $ 0

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .......................... TOTAL $ 0

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### Schedule B - Part 1

**Loans Received**

Amounts may be rounded to whole dollars.

**Schedule B Summary**

1. Loans received this period .................................................. $ 0
   
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period ........................................ $ 0
   
   (Total Column (c) plus loans under $100 paid or forgiven,
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) ............ NET $ 0

   Enter the net here and on the Summary Page, Column A, Line 2.

---

**Casey Price**

**California Form 460**

<table>
<thead>
<tr>
<th>Name of Filer</th>
<th>Amounts Paid or forgiven in this period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Heilman for City Council 2015</strong></td>
<td><strong>$ 4100</strong></td>
</tr>
</tbody>
</table>

- **OUTSTANDING BALANCE BEGINNING THIS PERIOD:** $ 4100
- **AMOUNT PAID OR FORGIVEN THIS PERIOD:** $ 0
- **OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD:** $ 0
- **RATE:**
- **DATE DUE:**
- **DATE INURRED:**

---

**IND**

**CON**

**OTH**

**PTY**

**SCC**

---

**SUBTOTALS** $ 0 $ 0 $ 0 $ 4100 $ 0
### Schedule B - Part 2

**Loan Guarantors**

**Amounts may be rounded to whole dollars.**

<table>
<thead>
<tr>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>LOAN</th>
<th>AMOUNT GUARANTEED THIS PERIOD</th>
<th>CUMULATIVE TO DATE</th>
<th>BALANCE OUTSTANDING TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ IND</td>
<td>☐ COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ OTH</td>
<td>☐ PTY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ SCC</td>
<td>☐ IND</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>☐ COM</td>
<td>☐ OTH</td>
<td></td>
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</tr>
<tr>
<td>☐ PTY</td>
<td>☐ SCC</td>
<td></td>
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</tr>
</tbody>
</table>

**Subtotal:** $  

*Note: Please refer to the instructions on the reverse of the form.*

---

**NAME OF FILER:**  

**Heilman for City Council 2015**

**I.D. NUMBER:** 1373698  

**Statement covers period:**  

- From: 1/1/16  
- Through: 6/30/16  

---

**FPPC Form 460 (Jan/2016)**  
**FPPC Advice:** advice@fppc.ca.gov (866/275-3772)  
**www.fppc.ca.gov**
## Schedule C

### Nonmonetary Contributions Received

**Amounts may be rounded to whole dollars.**

### Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.  
   (Include all Schedule C subtotals.) .................................................. $ 0

2. Amount received this period – unitemized nonmonetary contributions of less than $100 .................................................. $ 0

3. Total nonmonetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .................................................. TOTAL $ 0

---

### Instructions

See instructions on reverse.

**Name of Filer:**

Heilman for City Council 2015

**Statement covers period:**

From 1/1/16 through 6/30/16

**I.D. Number:**

1373698
### Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) .......................................................... $ 

2. Unitemized contributions and independent expenditures made this period of under $100. ...................................................................... $ 

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ............ TOTAL: $ 

---

**Schedule D**

**Summary of Expenditures**

**Supporting/Opposing Other Candidates, Measures and Committees**

See instructions on reverse

**NAME OF FILER**

Heilman For City Council 2015

**DATE**

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION (IF REQUIRED)</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**SUBTOTAL** $ 0

---

**California Form 460**

Statement covers period from 1/1/16 through 6/30/16

Page 8 of 13

**I.D. NUMBER**

1373678

---

FPPC Form 460 (Jan/2016)
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www.fppc.ca.gov
### Schedule E

**Payments Made**

Amounts may be rounded to whole dollars.

**Statement covers period from 1/1/16 through 6/30/16**

<table>
<thead>
<tr>
<th>I.D. NUMBER</th>
<th>1373698</th>
</tr>
</thead>
</table>

**NAME OF FILER**

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

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
</table>

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

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 0
2. Unitemized payments made this period of under $100 $ 78.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 78.00
Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period from 1/1/16 through 6/30/16

Page 16 of 13

NAME OF FILER
Heilman for City Council 2015

I.D. NUMBER 13-73698

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

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

NAME AND ADDRESS OF CREDITOR
(SUBMIT COMMITTEE, ALSO ENTER I.D. NUMBER)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>S &amp; A Campaigns</td>
<td>CNS</td>
<td>2500.00</td>
<td>0</td>
<td>0</td>
<td>2500.00</td>
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</tbody>
</table>

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

SUBTOTALS $ 2500.00 $ 0 $ 0 $ 2500.00

Schedule F Summary

1. 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.)

2. 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.)

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

INCURRED TOTALS $ 2500.00
PAID TOTALS $ 0
NET $ 2500.00

May be a negative number

FPCC Form 460 (Jan/2016)
FPCC Advice: advice@fpcc.ca.gov (855/275-3772)
www.fppc.ca.gov
NAME OF FILER: Heidman for City Council 2015

NAME OF AGENT OR INDEPENDENT CONTRACTOR: none

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

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

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

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE OR CREDITOR</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
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Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

TOTAL* $ 0

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Schedule H
Loans Made to Others*

Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/16
through 6/30/16

Heilman for City Council 2015

I.D. NUMBER
1373698

Full Name, Street Address and Zip Code of Recipient
(if Committee, also enter I.D. Number)

If an Individual, Enter Occupation and Employer
(if Self-Employed, Enter Name of Business)

(a) Outstanding Balance Beginning This Period
(b) Amount Loaned This Period
(c) Repayment or Forgiveness This Period*
   (d) Outstanding Balance at Close of This Period
   (e) Interest Received
   (f) Original Amount of Loan
   (g) Cumulative Loans to Date

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*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

SUBTOTALS $ 0 $ 0 $ 0

Schedule H Summary

1. Loans made this period .......................................................... $ 0
   (Total Column (b) plus unitemized loans of less than $100.)

2. Payments received on loans ................................................... $ 0
   (Total Column (c) plus unitemized payments of less than $100.)

3. Net change this period. (Subtract Line 2 from Line 1.) .................. NET $ 0
   (Enter the net here and on the Summary Page, Column A, Line 7.)
   (May be a negative number)

FPCC Form 460 (Jan/2016)
FPCC Advice: advice@fpcc.ca.gov (866/275-3772)
www.fpcc.ca.gov
### Schedule I

**Miscellaneous Increases to Cash**

Amounts may be rounded to whole dollars.

**Statement covers period**

- From: 1/1/16
- Through: 12/30/16

**NAME OF FILER**

Heilman for City Council 2015

**I.D. NUMBER**

1373698

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
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Attach additional information on appropriately labeled continuation sheets.

### Schedule I Summary

1. Itemized increases to cash this period. .................................................. $  
2. Unitemized increases to cash of under $100 this period. ......................... $  
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ........................................... $  
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ........................................... TOTAL $  

SUBTOTAL $ 0