Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

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)
     (Sponsored)
     (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
   - Supplemental Preelection Statement - Attach Form 495

3. Committee Information

   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)

   Friends of West Hollywood, A Committee to Elect John Heilman to the
   West Hollywood City Council 2015

   STREET ADDRESS (NO P.O. BOX)
   8149 Santa Monica Blvd., #196

   CITY STATE ZIP CODE AREA CODE/PHONE
   West Hollywood CA 90064 (323) 983-0815

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   525 E. Seaside Way, #101-C

   CITY STATE ZIP CODE AREA CODE/PHONE
   Long Beach CA 90802 (562) 983-0815

   OPTIONAL: FAX / E-MAIL ADDRESS
   (323) 983-0815 / gary@crummittandassociates.com

   NAME OF TREASURER
   Gary Crummitt

   MAILING ADDRESS
   525 E. Seaside Way, #101-C

   CITY STATE ZIP CODE AREA CODE/PHONE
   Long Beach CA 90802 (562) 983-0815

   NAME OF ASSISTANT TREASURER, IF ANY

   MAILING ADDRESS

   CITY STATE ZIP CODE AREA CODE/PHONE

   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 07/21/2016
   Date

   By
   Signature of Treasurer or Assistant Treasurer

   Executed on
   Date

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

   Executed on
   Date

   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Executed on
   Date

   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   www.netfile.com
5. **Officeholder or Candidate Controlled Committee**

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET)</td>
</tr>
</tbody>
</table>

**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>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

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6. **Primarily Formed Ballot Measure Committee**

<p>| NAME OF BALLOT MEASURE |</p>
<table>
<thead>
<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

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.

<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>John Heilman</td>
<td>City Council Member</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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<tr>
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<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

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

1. Monetary Contributions ................................................. Schedule A, Line 3 $ 0.00 $ 0.00
2. Loans Received .......................................................... Schedule B, Line 3 $ 0.00 $ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS ..................................... Add Lines 1 + 2 $ 0.00 $ 0.00
4. Nonmonetary Contributions ........................................... Schedule C, Line 3 $ 0.00 $ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED .................................. Add Lines 3 + 4 $ 0.00 $ 0.00

### Expenditures Made

6. Payments Made .......................................................... Schedule E, Line 4 $ 50.00 $ 50.00
7. Loans Made ............................................................... Schedule H, Line 3 $ 0.00 $ 0.00
8. SUBTOTAL CASH PAYMENTS ........................................... Add Lines 6 + 7 $ 50.00 $ 50.00
9. Accrued Expenses (Unpaid Bills) .................................... Schedule F, Line 3 $ 0.00 $ 0.00
10. Nonmonetary Adjustment ............................................. Schedule C, Line 2 $ 0.00 $ 0.00
11. TOTAL EXPENDITURES MADE ........................................ Add Lines 8 + 9 + 10 $ 50.00 $ 50.00

### Current Cash Statement

12. Beginning Cash Balance ............................................. Previous Summary Page, Line 16 $ 4,928.27
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 $ 50.00
16. ENDING CASH BALANCE ............................................. Add Lines 12 + 13 + 14, then subtract Line 15 $ 4,878.27

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

### Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED ..................................... Schedule B, Part 2 $ 0.00

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

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

20. Contributions Received $ 0.00 $ 0.00
21. Expenditures Made $ 0.00 $ 0.00

### Expenditure Limit Summary for State Candidates

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

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.
Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from ____________ through ____________

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

**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>OR</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.) ....................................................... $ 0.00
2. Unitized payments made this period of under $100 ................................................................. $ 50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .......... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ........................................ TOTAL $ 50.00

FFPC Form 460 (Jan/2016)
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