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:
   ☐ Prelection Statement
   ☐ Semi-annual Statement
   ☐ Termination Statement
     (Also file a Form 410 Termination)
   ☐ Amendment (Explain below)

3. Committee Information

   I.D. NUMBER 1293094

   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
   Heavenly Wilson for City Council
   1342 N. Hayworth Ave.

   STREET ADDRESS (NO P.O. BOX)
   CITY West Hollywood  
   STATE CA  
   ZIP CODE 90046  
   AREA CODE/PHONE 323-851-0737

   Mailing Address (If Different) No. and Street or P.O. Box
   CITY West Hollywood  
   STATE CA  
   ZIP CODE 90046  
   AREA CODE/PHONE 323-851-0737

   Optional: Fax / Email Address
   savehayworth@yahoo.com

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 11/25/7

Executed on 11/25/07

By Heavenly Wilson

Signature of Treasurer or Assistant Treasurer

By Scott Wilson

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

By Scott Wilson

Signature of Controlling Officerholder, Candidate, State Measure Proponent

By Scott Wilson

Signature of Controlling Officerholder, Candidate, State Measure Proponent

By Scott Wilson

Signature of Controlling Officerholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICERHOLOER OR CANDIDATE</th>
<th>Heavenly Wilson</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>West Hollywood City Council</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>1342 N. Hayworth Ave Hollywood CA 90046</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>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<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.

<table>
<thead>
<tr>
<th>NAME OF OFFICERHOLOER, CANDIDATE, OR PROONENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
</tbody>
</table>

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

Attach continuation sheets if necessary
### Contributions Received

1. Monetary Contributions ........................................... Schedule A, Line 3 $ 25,62,677
2. Loans Received ...................................................... Schedule B, Line 3 $ 0
3. SUBTOTAL CASH CONTRIBUTIONS .......................... Add Lines 1 + 2 $ 25,62,677
4. Nonmonetary Contributions .................................... Schedule C, Line 3 $ 0
5. TOTAL CONTRIBUTIONS RECEIVED .......................... Add Lines 3 + 4 $ 25,62,677

### Expenditures Made

6. Payments Made ..................................................... Schedule E, Line 4 $ 28,88,024
7. Loans Made .......................................................... Schedule H, Line 3 $ 0
8. SUBTOTAL CASH PAYMENTS ................................. Add Lines 6 + 7 $ 28,88,024
9. Accrued Expenses (Unpaid Bills) ......................... Schedule F, Line 3 $ 0
10. Nonmonetary Adjustment ....................................... Schedule C, Line 3 $ 0
11. TOTAL EXPENDITURES MADE ................................. Add Lines 8 + 9 + 10 $ 28,88,024

### Current Cash Statement

12. Beginning Cash Balance ................................. Previous Summary Page, Line 16 $ 1,550,000
13. Cash Receipts ..................................................... Column A, Line 3 above $ 25,62,677
14. Miscellaneous Increases to Cash ................................ Schedule I, Line 4 $ 2,888,024
15. Cash Payments ..................................................... Column A, Line 8 above $ 0
16. ENDING CASH BALANCE ................................. Add Lines 12 + 13 + 14, then subtract Line 15 $ 1,824,683

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

17. LOAN GUARANTEES RECEIVED .......................... Schedule B, Part 2 $ 0

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents .................................................... See instructions on reverse $ 0
19. Outstanding Debts .................................................. Add Line 2 + Line 9 in Column B above $ 0

---

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).
## Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
   (Include all Schedule A subtotals.) ................................................................. $2482.67

2. Amount received this period – unitemized monetary contributions of less than $100 ................................................. $80.00

3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................................................. TOTAL $2562.67

---

**Schedule A**  
**Monetary Contributions Received**

**NAME OF FILER:** Jeanne Simpson

**DATE RECEIVED** | **FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR** | **CONTRIBUTOR CODE** | **IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER** | **AMOUNT RECEIVED THIS PERIOD** | **CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)** | **PER ELECTION TO DATE (IF REQUIRED)**
--- | --- | --- | --- | --- | --- | ---
1/5/7 | 500 Puys Bowerbridge 11 Johnson Parade Mosman Park, Western Australia | UNO | Housewife - None | 732.67 | 732.67 |  
1/3/7 | Cabbot Laroux 8028 Selma Ave Los Angeles, CA 90046 | UNO | Designer, LA County Museum of Art | 1,000.00 | 1,000.00 |  
1/1/7 | William Neish 320 West 75th St Apt. 3C New York City, NY 10023 | UNO | Paralegal, Freelance - legal assistant | 300.00 | 300.00 |  
1/17/7 | John A. Houghton 180 Riverside Ave Apt. 12 B Nyc, NY 10069 | UNO | Self-employed, Business man | 250.00 | 250.00 |  
1/15/7 | David Joliffe 11684 Ventura Blvd #862, Studio City, CA 91604 | UNO | Actor, Self-employed | 100.00 | 100.00 |  

**SUBTOTAL $** 2562.67
Schedule A (Continuation Sheet)

Monetary Contributions Received

Type or print in ink. Amounts may be rounded to whole dollars.

NAME OF FILER

Jeane Simpson

Statement covers period from January 1, 2007 through January 31, 2007

CALIFORNIA
FORM

SCHEDULE A (CONT.)

I.D. NUMBER

<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>1/8/7</td>
<td>Mr. and Mrs. H.D. McElrath, 213 N. Mitchell St., Thomasville, GA 31792</td>
<td>COM</td>
<td>Retired, None</td>
<td>100.00</td>
<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>

*Contributor Codes

IND – Individual

COM – Recipient Committee

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

SUBTOTAL $100.00

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Schedule E**  
Payments Made

Type or print in ink.  
Amounts may be rounded to whole dollars.

**NAME OF FILER**  
Jeanne Simpson

**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)

**NAME AND ADDRESS OF PAYEE**  
(IP COMMITTEE, ALSO ENTER I.D. NUMBER)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ben Dupree</td>
<td>SAL Volunteer Coordinator</td>
<td>400.00</td>
</tr>
<tr>
<td>1831 Federal Ave Apt. #2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LA, CA 90025</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harman Press</td>
<td></td>
<td>1,081.00</td>
</tr>
<tr>
<td>1229 N. Highland Ave</td>
<td>LIT</td>
<td></td>
</tr>
<tr>
<td>LA, CA 90038</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chris Chen</td>
<td></td>
<td>500.00</td>
</tr>
<tr>
<td>1234 N. Laurel #47</td>
<td>CNS</td>
<td></td>
</tr>
<tr>
<td>West Hollywood, CA 90046</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $**  
1,981.00

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .............................................................. $ 2,808.58

2. Unitemized payments made this period of under $100 .............................................................. $ 79.44

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ......................... $ 2888.00

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .............................................................. **TOTAL $ 2888.00**
**Schedule E (Continuation Sheet)**

**Payments Made**

**NAME OF FILER**

Jeanne Simpson

**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>
</tr>
</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>RND</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>RDF</td>
<td>returned contributions</td>
</tr>
<tr>
<td>SAL</td>
<td>campaign workers’ salaries</td>
</tr>
<tr>
<td>TEL</td>
<td>t.v. 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>WEB</td>
<td>information technology costs (internet, e-mail)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Mailer</td>
<td>LIT</td>
<td></td>
<td>827.58</td>
</tr>
<tr>
<td>515 S. Fairfax Ave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LA, CA 90036</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $** 827.58

**SCHEDULE E (CONT.)**

Statement covers period from January 1, 2007 through January 20, 2007

CALIFORNIA FORM 460

Page 1 of 1

I.D. NUMBER

FPPC Form 460 (January/05)
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