COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216 5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Date Stamp: RECEIVED CITY OF WEST HOLLYWOOD 09 JUL 13 PM 4:31 OFFICE OF THE CITY CLERK

CALIFORNIA FORM **460**

Page 1 of 13

For Official Use Only

Statement covers period from 1/1/09 through 6/30/09

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

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [X] 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
- [X] 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

ID NUMBER: 841705

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect John Heilman

STREET ADDRESS (NO P.O. BOX)
1155 La Cienega # 1202

CITY: West Hollywood STATE: CA ZIP CODE: 90069 AREA CODE/PHONE: 310-6570400

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Tim McCracken (TM)

MAILING ADDRESS
8400 DeLongpre # 214

CITY: West Hollywood STATE: CA ZIP CODE: 90069 AREA CODE/PHONE: 323-650-5691

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.

X Executed on July 9, 2009 (Date) By X T. McCracken (Signature of Treasurer or Assistant Treasurer)

Executed on July 9, 2009 (Date) By John Heilman (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)

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink

COVER PAGE - PART 2

CALIFORNIA FORM **460**

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) | CITY | STATE | ZIP
1155 La Cienega #1202 | 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*

COMMITTEE NAME	I D NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P O BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I D NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P O BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

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

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

Statement covers period
from 1/1/09
through 6/30/09

CALIFORNIA FORM **460**

Page 3 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect John Heilman

I.D. NUMBER
841705

Contributions Received

			Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)	Column B (CALENDAR YEAR TOTAL TO DATE)
1	Monetary Contributions	*Schedule A, Line 3*	$ 0	$ 0
2	Loans Received	*Schedule B, Line 3*	0	0
3	SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 0	$ 0
4	Nonmonetary Contributions.	*Schedule C, Line 3*	0	0
5	TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 0	$ 0

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

		1/1 through 6/30	7/1 to Date
20	Contributions Received	$	$
21	Expenditures Made	$	$

Expenditures Made

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

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy)	Total to Date
___/___/___	$
___/___/___	$

*Amounts in this section may be different from amounts reported in Column B

Current Cash Statement

12	Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 584.21
13	Cash Receipts	*Column A, Line 3 above*	0
14	Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15	Cash Payments	*Column A, Line 8 above*	0
16	**ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 584.21

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

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)

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*	$ (6800.00)

outstanding loan

Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from 1/1/09
through 6/30/09

CALIFORNIA FORM **460**

Page 4 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect John Heilman

I D NUMBER
841705

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I D NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
				SUBTOTAL $ 0		

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 (other than PTY or SCC)
OTH – Other (e g , business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule B – Part 1
Loans Received

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

Statement covers period
from 1/1/09
through 6/30/09

CALIFORNIA FORM 460

Page 5 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Elect John Heilman

I D NUMBER: 841705

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (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 RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
	SUBTOTALS	$ 0	$ 0	$ 0	$ 0	(Enter (e) on Schedule E, Line 3)		

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** $ (6800 00)*
Enter the net here and on the Summary Page, Column A, Line 2
(May be a negative number)

* outstanding loan

†Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e g business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A
** If required

Schedule B – Part 2
Loan Guarantors

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

Statement covers period from 1/1/09 through 6/30/09

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Elect John Heilman

I.D. NUMBER: 841705

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	☐IND ☐COM ☐OTH ☐PTY ☐SCC		LENDER ____ DATE ____		CALENDAR YEAR $ ____ PER ELECTION (IF REQUIRED) $ ____	
	☐IND ☐COM ☐OTH ☐PTY ☐SCC		LENDER ____ DATE ____		CALENDAR YEAR $ ____ PER ELECTION (IF REQUIRED) $ ____	
	☐IND ☐COM ☐OTH ☐PTY ☐SCC		LENDER ____ DATE ____		CALENDAR YEAR $ ____ PER ELECTION (IF REQUIRED) $ ____	
	☐IND ☐COM ☐OTH ☐PTY ☐SCC		LENDER ____ DATE ____		CALENDAR YEAR $ ____ PER ELECTION (IF REQUIRED) $ ____	
			SUBTOTAL $	0	Enter on Summary Page Line 17 only	

Schedule C
Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period
from 1/1/09
through 6/30/09

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect John Heilman

ID NUMBER
841705

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I D NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
Attach additional information on appropriately labeled continuation sheets				**SUBTOTAL $**	0		

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

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

Schedule D
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period
from 1/1/09
through 6/30/09

SCHEDULE D
CALIFORNIA FORM 460

NAME OF FILER
Committee to Elect John Heilman

ID NUMBER
841705

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
			SUBTOTAL $		0	

Schedule D Summary

1 Itemized contributions and independent expenditures made this period (Include all Schedule D subtotals) $ 0

2 Unitemized contributions and independent expenditures made this period of under $100 $ 0

3 Total contributions and independent expenditures made this period (Add Lines 1 and 2 Do not enter on the Summary Page) TOTAL $ 0

SCHEDULE E

Schedule E
Payments Made

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

Statement covers period
from 1/1/09
through 6/30/09

CALIFORNIA FORM **460**

Page 9 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect John Heilman

I D NUMBER
841705

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

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

SUBTOTAL $ 0

Schedule E Summary

1	Itemized payments made this period (Include all Schedule E subtotals)	$ 0
2	Unitemized payments made this period of under $100	$ 0
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** $ 0

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 1/1/09
through 6/30/09

CALIFORNIA FORM **460**

Page 10 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect John Heilman

I D NUMBER
841705

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I D NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS $	$	$	$	$

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) .. INCURRED TOTALS $ 0

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) PAID TOTALS $ 0

3. Net change this period (**Subtract** Line 2 from Line 1 Enter the difference here and on the Summary Page, Column A, Line 9) .. NET $ 0
May be a negative number

SCHEDULE I

Schedule I
Miscellaneous Increases to Cash

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

Statement covers period
from 1/1/09
through 6/30/09

CALIFORNIA FORM **460**

Page 13 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect John Heilman

I D NUMBER
841705

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE ALSO ENTER I D NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets

SUBTOTAL $ 0

Schedule I Summary

1 Itemized increases to cash this period . . . . . $ 0

2 Unitemized increases to cash of under $100 this period . . . . . $ 0

3 Total of all interest received this period on loans made to others (Schedule H, Column (e)) . . $ 0

4 Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3 Enter here and on the Summary Page, Line 14) . . . . . TOTAL $ 0