COVER PAGE

Recipient Committee Campaign Statement Cover Page

Date Stamp: RECEIVED CITY OF WEST HOLLYWOOD 19 JAN 30 PM 12:12 OFFICE OF THE CITY CLERK

CALIFORNIA FORM 460

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For Official Use Only

Statement covers period
from 07/01/2018
through 12/31/2018

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

1. Type of Recipient Committee

- [■] Officeholder, Candidate Controlled Committee
  - ◯ State Candidate Election Committee
  - ◯ Recall
- [ ] General Purpose Committee
  - ◯ Sponsored
  - ◯ Small Contributor Committee
  - ◯ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ◯ Controlled
  - ◯ Sponsored
- [ ] Primarily Formed Candidate/ Officeholder Committee

2. Type of Statement

- [ ] Pre-election Statement
- [■] Semi-Annual Statement
- [ ] Termination Statement
- [ ] Amendment
- [ ] Quarterly Statement
- [ ] Special Odd-Year Statement
- [ ] Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. Number 841705

COMMITTTEE NAME
Committee to Elect John Heilman for City Council 2007

STREET ADDRESS (NO PO BOX)
1155 La Cienega # 1202

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood	CA	90069	310/657-0400

MAILING ADDRESS (IF DIFFERENT)

CITY	STATE	ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
John Heilman

STREET ADDRESS
1155 La Cienega # 1202

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood	CA	90069	310/657-0400

NAME OF ASSISTANT TREASURER, IF ANY

STREET 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 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 1/29/19 By John Heilman
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/29/19 By John Heilman
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee Campaign Statement Cover Page - Part 2

CALIFORNIA FORM 460

Statement covers period
from 07/01/2018
through 12/31/2018

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
John Heilman

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member West Hollywood

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
1155 La Cienega # 1201	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
John Heilman for West Hollywood City Council 2017	1387219

NAME OF TREASURER	CONTROLLED COMMITTEE ?
Jane Leiderman	■ YES ☐ NO

COMMITTEE STREET ADDRESS (NO P.O. BOX)
16633 Ventura Blvd # 1008

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Encino	CA	91436	323/655-4065

COMMITTEE NAME	I.D. NUMBER
Heilman for CIty Council 2015	1373698

NAME OF TREASURER	CONTROLLED COMMITTEE ?
John Heilman	■ YES ☐ NO

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood	CA	90069	310/657-0400

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 OR 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

Recipient Committee Campaign Statement Cover Page - Part 2 (Continuation Page)

CALIFORNIA FORM 460

Statement covers period
from 07/01/2018
through 12/31/2018

NAME OF FILER COMMITTEE TO ELECT JOHN HEILMAN FOR CITY COUNCIL 2007

I.D. NUMBER 841705

5. Officeholder or Candidate Controlled Committee - Related Committees Not Included in this Statement

COMMITTEE NAME	I.D. NUMBER
John Heilman for City Council 2015	1376237
NAME OF TREASURER	**CONTROLLED COMMITTEE ?**
John Heilman	■ YES ☐ NO

COMMITTEE STREET ADDRESS (NO P.O. BOX)
16633 Ventura Blvd # 1008

CITY	STATE	ZIP CODE	AREA CODE / PHONE
Encino	CA	91436	310/657-0400

Campaign Disclosure Statement Summary Page

Statement covers period
from 07/01/2018
through 12/31/2018

CALIFORNIA FORM 460

NAME OF FILER Committee to Elect John Heilman for City Council 2007

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

Current Cash Statement

12.	Beginning Cash Balance *Previous Summary Page, Line 16*	$ 2,181.69
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*	0.00
16.	**ENDING CASH BALANCE** *Add Lines 12 + 13 + 14, then subtract Line 15*	$ 2,181.69
17.	LOAN GUARANTEES RECEIVED *Schedule B, Part 2*	$ 0.00

Cash Equivalents and Outstanding Debts

18.	Cash Equivalents	$ 0.00
19.	Outstanding Debts *Add Lines 2 + Line 9 in Column B above*	$ 0.00

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	$	$

Expenditure Limit Summary for State Candidates

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

$

$

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