

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink

RECEIVED  
CITY OF WEST HOLLYWOOD  
Date Stamp: 15 APR 26 PM 3:50

COVER PAGE

**CALIFORNIA 460**  
2001/02  
FORM  
Page 1 of 28  
For Official Use Only

Statement covers period  
from 1/1/2015  
through 4/18/2015

Date of election if applicable:  
(Month, Day, Year)  
06/02/2015

OFFICE OF THE CITY CLERK

**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**

I.D. NUMBER  
1376237

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
John Heilman for City Council 2015

STREET ADDRESS (NO P.O. BOX)  
1155 N. La Cienega Blvd., Ste. 1202

CITY STATE ZIP CODE AREA CODE/PHONE  
West Hollywood CA 90069 (562) 427-2100

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS  
info@capoliticallaw.com

**Treasurer(s)**

NAME OF TREASURER  
John Heilman

MAILING ADDRESS  
1155 N. La Cienega Blvd., Ste. 1202

CITY STATE ZIP CODE AREA CODE/PHONE  
West Hollywood CA 90069 (562) 427-2100

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 4/14/15  
Date  
Executed on 4/14/15  
Date  
Executed on \_\_\_\_\_  
Date  
Executed on \_\_\_\_\_  
Date

By John Heilman  
Signature of Treasurer or Assistant Treasurer  
By John Heilman  
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 (January 05)  
FPPC Toll-Free Helpline:  
866/ASK-FPPC  
(866/275-3772)  
State of California

**Recipient Committee  
Campaign Statement  
Cover Page-Part 2**

Type or print in ink

COVER PAGE-PART 2

<b>CALIFORNIA</b>		<b>460</b>	
<b>FORM</b>			
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**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 N. LaCienega Blvd. #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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

**Recipient Committee  
Campaign Statement  
Cover Page-Part 2**

Type or print in ink

COVER PAGE-PART 2

<b>CALIFORNIA</b>		<b>460</b>
<b>FORM</b>		
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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP \_\_\_\_\_

**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 Committee to Elect John Heilman for City	I.D. NUMBER 841705
CHAIRMAN John Heilman	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS 1155 N. LaCienega Blvd. #1202	
CITY West Hollywood	STATE CA
ZIP CODE 90069	AREA CODE/PHONE (323) 573-7409

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE \_\_\_\_\_

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Recipient Committee  
Campaign Statement  
Cover Page-Part 2**

Type or print in ink

COVER PAGE-PART 2

<b>CALIFORNIA</b>		<b>460</b>
<b>FORM</b>		
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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP \_\_\_\_\_

**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 Heilman for City Council 2015	I.D. NUMBER 1373698
NAME OF TREASURER John Heilman	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS 1155 N. La Cienga Blvd., #1202	STREET ADDRESS (NO P.O. BOX)
CITY West Hollywood	STATE CA
	ZIP CODE 90069
	AREA CODE/PHONE (562) 427-2100

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE \_\_\_\_\_

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> 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	<b>CALIFORNIA FORM 460</b>
from 01/01/2015	Page 5 of 28
through 04/18/2015	

NAME OF FILER John Heilman for City Council 2015	I.D. NUMBER 1376237
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	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$18,174.00	\$18,174.00
2. Loans Received..... Schedule B, Line 3	\$10,100.00	\$10,100.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+ 2	\$28,274.00	\$28,274.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$28,274.00	\$28,274.00

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	_____	_____

	Column A	Column B
6. Payments Made..... Schedule E, Line 4	\$18,366.98	\$18,366.98
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$18,366.98	\$18,366.98
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	\$18,366.98	\$18,366.98

Expenditure Limit Summary for State Candidates	
Date of Election (mm/dd/yyyy)	Total to Date
	22. Cumulative Expenditures Made * (If Subject to Voluntary Expenditure Limit)

Current Cash Statement	
12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$0.00
13. Cash Receipts..... Column A, Line 3 above	\$28,274.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$0.00
15. Cash Payments..... Column A, Line 8 above	\$18,366.98
16. ENDING CASH BALANCE Add Lines 12+13+14, then subtract Line 15	\$9,907.02
If this is a termination statement, Line 16 must be zero.	
17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$0.00

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).

Cash Equivalents and Outstanding Debts	
18. Cash Equivalents..... See instructions on reverse	\$0.00
19. Outstanding Debts..... Add Line 2+Line 9 in Column B above	\$10,100.00

\*Amounts in this section may be different from amounts reported in schedule B.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period	<b>CALIFORNIA FORM 460</b>
from 01/01/2015 through 04/18/2015	
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NAME OF FILER: John Heilman for City Council 2015  
I.D. NUMBER: 1376237

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)
04/06/2015	Arlen Andelson 8485 Melrose Place, Ste. B Los Angeles, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Andelson Properties	\$500.00	\$500.00	
04/10/2015	James Ballard 148 N. June St. Los Angeles, CA 90004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$250.00	\$250.00	
04/11/2015	Jason Beck 7828 Santa Monica Blvd West Hollywood, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President AHHS	\$500.00	\$500.00	

<b>SUBTOTAL</b>	<b>\$1,250.00</b>
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**Schedule A Summary**

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$18,024.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$150.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	<b>TOTAL</b> \$18,174.00

\*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 A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>01/01/2015</u> through <u>04/18/2015</u>	<b>CALIFORNIA FORM 460</b> Page <u>7</u> of <u>28</u>
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NAME OF FILER John Heilman for City Council 2015	I.D. NUMBER 1376237
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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)
04/11/2015	Richard Bloom 2801 Ocean Park Blvd #295 Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assemblymember CA State Assembly	\$500.00	\$500.00	
04/11/2015	Dina Browner 720 Huntley Dr., #212 West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medical Doctor Dina Browner	\$500.00	\$500.00	
04/11/2015	Roberta Buckner 8722B Shoreham Dr. West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$150.00	\$150.00	

**SUBTOTAL** \$1,150.00

**Schedule A Summary**

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$18,024.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$150.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	<b>TOTAL</b> \$18,174.00

\*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 A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>01/01/2015</u> through <u>04/18/2015</u>	<b>CALIFORNIA FORM 460</b> Page <u>8</u> of <u>28</u>
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NAME OF FILER  
John Heilman for City Council 2015

I.D. NUMBER  
1376237

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)
04/11/2015	CA Real Estate PAC 525 S. Virgil Ave. Los Angeles, CA 90020 ID: 890106	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
04/11/2015	CBX Systems 1210 N. Kings Rd. West Hollywood, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
04/11/2015	Robin Conerly 1221 S. Sierra Bonita Ave. Los Angeles, CA 90019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director West Hollywood Community Housing Corporation	\$500.00	\$500.00	

**SUBTOTAL** \$1,100.00

**Schedule A Summary**

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$18,024.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$150.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	<b>TOTAL</b> \$18,174.00

\*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 A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>01/01/2015</u> through <u>04/18/2015</u>	<b>CALIFORNIA FORM 460</b> Page <u>9</u> of <u>28</u>
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NAME OF FILER  
John Heilman for City Council 2015

I.D. NUMBER  
1376237

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)
04/11/2015	Demetri Darnos 999 N. Doheny Drive #1109 West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Development Kings 826 LP	\$500.00	\$500.00	
03/29/2015	Daphne Dennis 2240 6th Street Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$500.00	\$500.00	
04/11/2015	Michael Dolan 7280 1/2 Fountain Ave. West Hollywood, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$125.00	\$125.00	

**SUBTOTAL** \$1,125.00

**Schedule A Summary**

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$18,024.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$150.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$18,174.00

\*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 A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>01/01/2015</u> through <u>04/18/2015</u>	<b>CALIFORNIA FORM 460</b> Page <u>10</u> of <u>28</u>
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NAME OF FILER John Heilman for City Council 2015	I.D. NUMBER 1376237
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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)
03/30/2015	John Douponce 1000 Westmount Drive West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Manager Chamberlain Hotel	\$500.00	\$500.00	
04/06/2015	John Paul Drayer 13739 Hanwell Ave Bellflower, CA 90706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	College Trustee Educator	\$99.00	\$149.00	
04/11/2015	John Paul Drayer 13739 Hanwell Ave Bellflower, CA 90706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	College Trustee Educator	\$50.00	\$149.00	

<b>SUBTOTAL</b>	\$649.00
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**Schedule A Summary**

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$18,024.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$150.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	<b>TOTAL</b> \$18,174.00

\*Contributor Codes  
IND- Individual  
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(other than PTY or SCC)  
OTH- Other (e.g., business entity)  
PTY- Political Party  
SCC- Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>01/01/2015</u> through <u>04/18/2015</u>	<b>CALIFORNIA FORM 460</b> Page <u>11</u> of <u>28</u>
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NAME OF FILER  
John Heilman for City Council 2015

I.D. NUMBER  
1376237

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)
04/11/2015	John Duran 9000 Sunset Blvd., #710 West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Duran Law Group	\$250.00	\$250.00	
03/29/2015	John Given 2240 6th Street Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal CityBuild Advisors	\$500.00	\$500.00	
04/09/2015	Nathan Goller 655 N. Robertson Blvd. West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Nathan Goller	\$500.00	\$500.00	

**SUBTOTAL** \$1,250.00

**Schedule A Summary**

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$18,024.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$150.00

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$18,174.00

\*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 A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>01/01/2015</u> through <u>04/18/2015</u>	<b>CALIFORNIA FORM 460</b> Page <u>12</u> of <u>28</u>
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NAME OF FILER: John Heilman for City Council 2015  
I.D. NUMBER: 1376237

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)
04/11/2015	David Gregoire 8535 West Knoll Drive #206 West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant General Counsel SAG AFTRA	\$100.00	\$100.00	
04/10/2015	Jeff Haber 515 S. Flower St. 25th Fl. Los Angeles, CA 90071	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Paul Hastings	\$500.00	\$500.00	
04/11/2015	Dianne Hardy 1939 S. Victoria Ave. Los Angeles, CA 90016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner AMG	\$100.00	\$100.00	

**SUBTOTAL** \$700.00

**Schedule A Summary**

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$18,024.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$150.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	<b>TOTAL</b> \$18,174.00

\*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 A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>01/01/2015</u> through <u>04/18/2015</u>	<b>CALIFORNIA FORM 460</b> Page <u>13</u> of <u>28</u>
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NAME OF FILER: **John Heilman for City Council 2015** I.D. NUMBER: **1376237**

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)
04/11/2015	Fritz Hoelscher 2752 Bayshore Drive Newport Beach, CA 92663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Fritz Hoelscher	\$500.00	\$500.00	
04/01/2015	Jeffrey Janis 944 Palm Ave #4 West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Development LA Ronald McDonald House	\$100.00	\$100.00	
04/02/2015	Lorri Jean 1316 N. Cherokee Ave Los Angeles, CA 90028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Los Angeles LGBT Center	\$100.00	\$100.00	

**SUBTOTAL** \$700.00

**Schedule A Summary**

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$18,024.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$150.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	<b>TOTAL</b> \$18,174.00

\*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 A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>01/01/2015</u> through <u>04/18/2015</u>	<b>CALIFORNIA FORM 460</b> Page <u>14</u> of <u>28</u>
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NAME OF FILER  
John Heilman for City Council 2015

I.D. NUMBER  
1376237

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)
04/14/2015	Ivan Kallick 248 Ashdale Pl. Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Manatt, Phelps & Phillips	\$150.00	\$150.00	
04/11/2015	Keith Kaplan 1221 N. Kings Rd., #401 West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President The Kaplan Group	\$500.00	\$500.00	
04/11/2015	Steven Kay 9284 Flicker Pl. Los Angeles, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Steven Kay Corp	\$200.00	\$200.00	

**SUBTOTAL** \$850.00

**Schedule A Summary**

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$18,024.00

2. Amount received this period -unitemized monetary contributions of less than \$100.....

\$150.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$18,174.00

\*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 A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>01/01/2015</u> through <u>04/18/2015</u>	<b>CALIFORNIA FORM 460</b> Page <u>15</u> of <u>28</u>
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NAME OF FILER  
John Heilman for City Council 2015

I.D. NUMBER  
1376237

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)
04/13/2015	Betsy Kevt 511 N. Linden Dr. Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker None	\$500.00	\$500.00	
04/14/2015	LA League of Conservation Voters 9112 E. Fairhaven Ave. San Gabriel, CA 91775 ID: 810317	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
04/11/2015	Richard Lichtenstein 2560 Zorada Dr. Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Marathon Communications	\$350.00	\$350.00	

**SUBTOTAL** \$1,350.00

**Schedule A Summary**

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$18,024.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$150.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$18,174.00

\*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 A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>01/01/2015</u> through <u>04/18/2015</u>	<b>CALIFORNIA FORM 460</b> Page <u>16</u> of <u>28</u>
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NAME OF FILER: John Heilman for City Council 2015  
I.D. NUMBER: 1376237

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)
04/09/2015	Tony Melia 1017 N La Cienega Blvd. West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	National Business Insurance Tony Melia	\$500.00	\$500.00	
04/01/2015	Harris Miller 1122 N Kings Rd, Apt 6 West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Harris M. Miller II, P.C.	\$500.00	\$500.00	
04/17/2015	Gary Minzer 2644 Claray Dr. Los Angeles, CA 90077	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Hollywood Tow Service, Inc.	\$500.00	\$500.00	

**SUBTOTAL \$1,500.00**

**Schedule A Summary**

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$18,024.00

2. Amount received this period -unitemized monetary contributions of less than \$100.....

\$150.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$18,174.00

\*Contributor Codes  
IND- Individual  
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(other than PTY or SCC)  
OTH- Other (e.g., business entity)  
PTY- Political Party  
SCC- Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period	<b>CALIFORNIA FORM 460</b>
from <u>01/01/2015</u> through <u>04/18/2015</u>	
Page <u>17</u> of <u>28</u>	

NAME OF FILER: **John Heilman for City Council 2015**  
I.D. NUMBER: **1376237**

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)
04/14/2015	Joseph Moran 6445 Bandini Blvd. Los Angeles, CA 90040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Ribenks Corporation	\$500.00	\$500.00	
04/06/2015	Brian Pendleton 2798 Outpost Dr. Los Angeles, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO OmniForce	\$500.00	\$500.00	
04/17/2015	James Reynolds 2283 E Via Burton Anaheim, CA 92806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mechanical Contracting Business Owner South Coast Mechanical, Inc.	\$500.00	\$500.00	

**SUBTOTAL \$1,500.00**

**Schedule A Summary**

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$18,024.00

2. Amount received this period -unitemized monetary contributions of less than \$100.....

\$150.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$18,174.00

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(other than PTY or SCC)  
OTH- Other (e.g., business entity)  
PTY- Political Party  
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**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>01/01/2015</u> through <u>04/18/2015</u>	<b>CALIFORNIA FORM 460</b> Page <u>18</u> of <u>28</u>
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NAME OF FILER  
John Heilman for City Council 2015

I.D. NUMBER  
1376237

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)
04/14/2015	Riess, Brown & Ekmekji Inc. 18980 Ventura Blvd. Ste. 350 Tarzana, CA 91356	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
04/13/2015	Michael Ross 1033 N. Carol Dr. #T-10 West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Counsel Sonar Entertainment	\$500.00	\$500.00	
04/09/2015	Salah Said Al-Mudarris 20411 Hemingway St. Winnetka, CA 91306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President The Body Shop	\$500.00	\$500.00	

**SUBTOTAL** \$1,500.00

**Schedule A Summary**

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$18,024.00

2. Amount received this period -unitemized monetary contributions of less than \$100.....

\$150.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$18,174.00

\*Contributor Codes  
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(other than PTY or SCC)  
OTH- Other (e.g., business entity)  
PTY- Political Party  
SCC- Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>01/01/2015</u> through <u>04/18/2015</u>	<b>CALIFORNIA FORM 460</b> Page <u>19</u> of <u>28</u>
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NAME OF FILER: John Heilman for City Council 2015  
I.D. NUMBER: 1376237

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)
04/01/2015	Elisabeth Sandberg 723 Westmount Drive #206 West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor Woodbury University	\$250.00	\$250.00	
04/11/2015	Gene Saur 1024 1/2 N. Gardner St. Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$100.00	
04/01/2015	Rebecca Simon 8360 West 1st Street Los Angeles, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Associate Professor Southwestern Law School	\$250.00	\$250.00	

**SUBTOTAL** \$600.00

**Schedule A Summary**

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$18,024.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$150.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	<b>TOTAL</b> \$18,174.00

\*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 A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>01/01/2015</u> through <u>04/18/2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>20</u> of <u>28</u>

NAME OF FILER: John Heilman for City Council 2015  
I.D. NUMBER: 1376237

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)
04/01/2015	Jesse Slansky 351 N Curson Ave Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Real Estate Development West Hollywood Community Housing Corp.	\$100.00	\$100.00	
04/12/2015	Avi Steinlauf 2200 Guthrie Dr. Los Angeles, CA 90034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Internet Publishing Edmunds.com	\$500.00	\$500.00	
04/13/2015	Daniel Stimpert 8500 Wilshire Blvd #640 Beverly Hills, CA 90211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Stimpert and Ford, LLP	\$150.00	\$150.00	

**SUBTOTAL** \$750.00

**Schedule A Summary**

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$18,024.00

2. Amount received this period -unitemized monetary contributions of less than \$100.....

\$150.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$18,174.00

\*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 A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>01/01/2015</u> through <u>04/18/2015</u>	<b>CALIFORNIA FORM 460</b> Page <u>21</u> of <u>28</u>
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NAME OF FILER: **John Heilman for City Council 2015** I.D. NUMBER: **1376237**

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)
04/01/2015	Julie Summers 1425 N. Cescent Hights #307 West Hollywood, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Julie Summers	\$500.00	\$500.00	
04/09/2015	Craig Thompson 2976 Lakeridge Dr. Los Angeles, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO AIDS Project Los Angeles	\$500.00	\$500.00	
04/15/2015	Steve Wayland 7911 Romaine St., Apt.3 Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Program Director PAWS, LA	\$250.00	\$250.00	

**SUBTOTAL \$1,250.00**

**Schedule A Summary**

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... **\$18,024.00**

2. Amount received this period -unitemized monetary contributions of less than \$100..... **\$150.00**

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL \$18,174.00**

\*Contributor Codes  
IND- Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH- Other (e.g., business entity)  
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SCC- Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>01/01/2015</u> through <u>04/18/2015</u>	<b>CALIFORNIA FORM 460</b> Page <u>22</u> of <u>28</u>
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NAME OF FILER: John Heilman for City Council 2015  
I.D. NUMBER: 1376237

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)
04/03/2015	Gregory Woodell 8400 DeLongpre Ave #207 West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$300.00	
04/11/2015	Gregory Woodell 8400 DeLongpre Ave #207 West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$200.00	\$300.00	
04/09/2015	Anthony Zehenni 8730 Sunset Towers, Ste. 400 West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trustee Sunset Towers Partnership	\$500.00	\$500.00	

**SUBTOTAL \$800.00**

**Schedule A Summary**

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	<u>\$18,024.00</u>
2. Amount received this period -unitemized monetary contributions of less than \$100.....	<u>\$150.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	<b>TOTAL</b> <u>\$18,174.00</u>

\*Contributor Codes  
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(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.

SCHEDULE B-PART 1

Statement covers period from <u>01/01/2015</u> through <u>04/18/2015</u>	<b>CALIFORNIA FORM 460</b> Page <u>23</u> of <u>28</u>
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NAME OF FILER: **John Heilman for City Council 2015** I.D. NUMBER: **1376237**

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
John Heilman 1155 N. LaCienega Blvd. #1202 West Hollywood, CA 90069  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor Southwestern Law School	\$0.00	\$100.00	<input type="checkbox"/> PAID \$0.00 <input type="checkbox"/> FORGIVEN \$0.00	\$100.00	0 RATE \$0.00	\$100.00 03/12/2015 DATE INCURRED	CALENDAR YEAR \$10,100.00 PER ELECTION
John Heilman 1155 N. LaCienega Blvd. #1202 West Hollywood, CA 90069  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor Southwestern Law School	\$0.00	\$10,000.00	<input type="checkbox"/> PAID \$0.00 <input type="checkbox"/> FORGIVEN \$0.00	\$10,000.00	0 RATE \$0.00	\$10,000.00 04/02/2015 DATE INCURRED	CALENDAR YEAR \$10,100.00 PER ELECTION

<b>SUBTOTALS</b>	\$10,100.00	\$0.00	\$10,100.00	\$0.00	
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**Schedule B Summary**

1. Loans received this period..... \$10,100.00  
(Total Column(b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period..... \$0.00  
(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** \$10,100.00  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

(Enter (s) on  
Schedule E,  
Line 3)

\*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 E  
Payments Made**

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

SCHEDULE E

Statement covers period	<b>CALIFORNIA FORM 460</b>
from <u>01/01/2015</u> through <u>04/18/2015</u>	
Page <u>24</u> of <u>28</u>	

NAME OF FILER  
John Heilman for City Council 2015

I.D. NUMBER  
1376237

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             | 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
Adam Berkowitz 952 1/2 Hyperion Ave. Los Angeles, CA 90029	OFC		\$785.19
Adam Berkowitz 952 1/2 Hyperion Ave. Los Angeles, CA 90029	CNS		\$10,000.00

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

**SUBTOTAL** \$10,785.19

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$18,288.80
2. Unitemized payments made this period of under \$100.....	\$78.18
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.).....	<b>TOTAL</b> \$18,366.98

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.

SCHEDULE E

Statement covers period	<b>CALIFORNIA FORM 460</b>
from <u>01/01/2015</u> through <u>04/18/2015</u>	
Page <u>25</u> of <u>28</u>	

NAME OF FILER  
John Heilman for City Council 2015

I.D. NUMBER  
1376237

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             | 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
Blake Dellinger 17241 Kalisher St. Granada Hills, CA 91344	SAL		\$410.21
House of Printing 3336 E. Colorado Blvd. Pasadena, CA 91107	LIT		\$1,049.15

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

**SUBTOTAL** \$1,459.36

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$18,288.80
2. Unitemized payments made this period of under \$100.....	\$78.18
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.).....	<b>TOTAL</b> \$18,366.98

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.

SCHEDULE E

Statement covers period	<b>CALIFORNIA FORM 460</b>
from <u>01/01/2015</u> through <u>04/18/2015</u>	
Page <u>26</u> of <u>28</u>	

NAME OF FILER  
John Heilman for City Council 2015

I.D. NUMBER  
1376237

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	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
Marshall Arts 9616 Highland Gorge Dr. Beverly Hills, CA 90210	LIT		\$3,500.00
Mitchell Printing & Publishing 127 S. Anderson St. Los Angeles, CA 90033	LIT		\$1,494.25
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		<b>SUBTOTAL</b>	<b>\$4,994.25</b>

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$18,288.80
2. Unitemized payments made this period of under \$100.....	\$78.18
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.).....	<b>TOTAL</b> \$18,366.98

**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period	<b>CALIFORNIA FORM 460</b>
from <u>01/01/2015</u> through <u>04/18/2015</u>	
Page <u>27</u> of <u>28</u>	

NAME OF FILER John Heilman for City Council 2015	I.D. NUMBER 1376237
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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             | 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
Vince Roncone 601 N. Spaulding Los Angeles, CA 90036	CNS		\$1,050.00

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	<b>SUBTOTAL</b>	<b>\$1,050.00</b>
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**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$18,288.80
2. Unitemized payments made this period of under \$100.....	\$78.18
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.).....	<b>TOTAL \$18,366.98</b>

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

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

SCHEDULE G

Statement covers period	<b>CALIFORNIA FORM 460</b>
from 01/01/2015 through 04/18/2015	
Page 28 of 28	

NAME OF FILER John Heilman for City Council 2015	I.D. NUMBER 1376237
NAME OF AGENT OR INDEPENDENT CONTRACTOR Adam Berkowitz	

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             | 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)           |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Wireless Max, Inc. 7615 Melrose Ave. Los Angeles, CA 90046	OFC		\$686.70

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$686.70

\* 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.