COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp: RECEIVED CITY OF WEST HOLLYWOOD 07 JUL 30 PM 1 OFFICE OF THE

CALIFORNIA FORM **460**

Page ____ of ____

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 6/19/07 through ____

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
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [X] Amendment (Explain below)
  - Disclosure of employers of two contributors
  - Refund of contribution
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. 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: 310-657-0408

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

CITY: ____ STATE: ____ ZIP CODE: ____ AREA CODE/PHONE: ____

OPTIONAL: FAX / E-MAIL ADDRESS: jheilman90069@aol.com

Treasurer(s)

NAME OF TREASURER: Tim McCracken

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.

Executed on 7/31/07 (Date) By Tim M. (Signature of Treasurer or Assistant Treasurer)

Executed on 7/30/07 (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)

Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from _____
through _____

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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)
1/4/07	Jerad Schempp 128 S. Clark Dr. Beverly Hills, CA 90211	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Executive Hosted Support, Inc.	100.00		
1/24/07	Mark Snedden 3010 Deolinda Dr. Hacienda Heights, CA 91745	☒IND ☐COM ☐OTH ☐PTY ☐SCC	vice president govt relations Lewis & Co.	400.00		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTAL $			

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ..... $ _____
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ _____
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL** $ _____

*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 E (Continuation Sheet) Payments Made

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

Statement covers period
from _____
through _____

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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 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
Dvorskaya School 1317 N. Crescent Hts. Blvd. West Hollywood, CA 90046		Refund of contribution in excess of contribution limit.	500.00

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

SUBTOTAL $