COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

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

CALIFORNIA FORM 460

Page 1 of 23

For Official Use Only

Statement covers period from 2/18/07 through 6/30/07

Date of election if applicable: (Month, Day, Year) 3/6/07

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

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

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 De Longpre #214

CITY | STATE | ZIP CODE | AREA CODE/PHONE
West Hollywood, CA 90069 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)

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 2/18/07
through 6/30/07

CALIFORNIA FORM **460**

Page 3 of 23

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	$ 13,199.00	$ 50,064.00
2. Loans Received	Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 13,199.00	$ 50,064.00
4. Nonmonetary Contributions	Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 13,199.00	$ 50,064.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 48,713.35	$ 69,164.40
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 48,713.35	$ 69,164.40
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10. Nonmonetary Adjustment	Schedule C, Line 3	0	950.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 48,713.35	$ ~~69,164.40~~ 70,114.40

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 79,001.41
13. Cash Receipts	Column A, Line 3 above	13,199.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	235.96
15. Cash Payments	Column A, Line 8 above	48,713.35
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 43,723.02

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents — See instructions on reverse — $ 0
19. Outstanding Debts — Add Line 2 + Line 9 in Column B above — $ 34,200.00 + outstanding personal loan

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).

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 Limit)

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

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

Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from 2/18/07
through 6/30/07

CALIFORNIA FORM **460**

Page 4 of 23

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 $			

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 13,000.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 199.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 13,199.00

*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 (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 2/18/07
through 6/30/07

CALIFORNIA FORM **460**

Page 5 of 23

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)
2/20/07	Michael Zannella 8745 Dorrington West Hollywood 90069	IND COM OTH PTY SCC	retired	200.00		
2/20/07	Laura Frakes 831 Shenandoah St. Los Angeles, CA 90035	IND COM OTH PTY SCC	librarian LA County	100.00		
2/26/07	Los Angeles County Young Democrats 2660 Marigold Ct Calabasas, CA 91302	IND COM OTH PTY SCC		150.00		
3/6/07	Craig Miller 2805 3d St. #5 Santa Monica, CA 90405	IND COM OTH PTY SCC	CEO M2A Events	1000.00		
		IND COM OTH PTY SCC				
			SUBTOTAL $	1450.00		

*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 (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
from ~~1/1/07~~ 2/18/07
through ~~12/31/07~~ 6/30/07

SCHEDULE A (CONT.)
CALIFORNIA FORM **460**
Page 6 of 23

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)
2/18/07	Mark Ganshirt 740 Martel Ave Los Angeles, CA	☒IND ☐COM ☐OTH ☐PTY ☐SCC	TV Producer Self	100.00	100.00	
2/19/07	Madeleine Rackley 1201 Larrabee St. #104 West Hollywood CA 90069	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Administrator City of Los Angeles	250.00	250.00	
2/20/07	Kor Realty Group LLC 5750 Wilshire Blvd. #500 Los Angeles, CA 90036	☐IND ☐COM ☒OTH ☐PTY ☐SCC		1000.00	1000.00	
2/21/07	Joseph Clapsaddle 1013 Carol Dr. West Hollywood CA 90069	☒IND ☐COM ☐OTH ☐PTY ☐SCC	self auto sales	100.00	100.00	
2/21/07	James Nguyen 8920 Dorrington Ave West Hollywood 90048	☒IND ☐COM ☐OTH ☐PTY ☐SCC	attorney Foley & Lardner	500.00	500.00	
			SUBTOTAL $	1950.00		

*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 (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 2/18/07
through 6/30/07

CALIFORNIA FORM **460**

Page 7 of 23

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)
2/21/07	Tim Felchlin 1155 N. La Cienega #804 West Hollywood 90069	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	architect top/architecture	100.00	100.00	
2/24/07	Milton Swimmer 2775 Motor Ave Los Angeles, CA 90064	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	real estate J.H. Snyder Co	1000.00	1000.00	
2/24/07	CBS Outdoor 185 U.S. Highway 46 Fairfield, NJ 07004	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		1000.00	1000.00	
3/1/07	Jeff Smith 5750 Wilshire #500 LA, CA 90036	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Chief Operating officer The Kor Group	1000.00	1000.00	
2/28/07	Kate Bartolo 5750 Wilshire #500 LA, CA 90036	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Supervisor The Kor Group	500.00	500.00	
			SUBTOTAL $	3600.00		

*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 (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 2/18/07
through 6/30/07

CALIFORNIA FORM **460**

Page 8 of 23

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)
2/23/07	EJM Development 9061 Santa Monica Blvd. West Hollywood CA 90069	☐IND ☐COM ☒OTH ☐PTY ☐SCC		500.00		
2/28/07	Honor PAC FPPC # 1278587 1212 S. Victory Blvd. Burbank, CA 91502	☐IND ☒COM ☐OTH ☐PTY ☐SCC		500.00		
3/2/07	Shahla Sabzerou 447 S. Swall Dr. Beverly Hills, CA 90211	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Building Contractor Self Employed	1000.00		
3/2/07	Michael Sabzerou 447 S. Swall Dr. Beverly Hills, CA 90211	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Building Contractor Self-Employed	1000.00		
3/2/07	Dr. David Zarian 4060 Alonzo Ave Encino, CA 91316	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Doctor Self-Employed	1000.00		
			SUBTOTAL $	4000.00		

*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 (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 2/18/07
through 6/30/07

CALIFORNIA FORM 460

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)
3/3/07	Brandon Zarian 2707 Blue Water Dr. Corona del Mar, CA 92625	☒IND ☐COM ☐OTH ☐PTY ☐SCC	consultant self employed	500.00	500.00	500.00
3/3/07	Zarian + Associates (James) 2707 Blue Water Dr Corona del Mar, CA 92625	☐IND ☐COM ☒OTH ☐PTY ☐SCC		500.00	500.00	500.00
3/7/07	David Bohnett 245 S. Beverly Dr. Beverly Hills, CA 90212	☒IND ☐COM ☐OTH ☐PTY ☐SCC	retired	500.00	500.00	
3/7/07	Paul Ezadyion 3965 Vista Court La Crescenta, CA 91214	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Co-op member Checker Cab Co-op	500.00	500.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTAL $	2000.00		

*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 B – Part 1
Loans Received

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

Statement covers period
from 2/18/07
through 6/30/07

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 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 La Cienega #1202 West Hollywood CA 90069 †☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Professor Whittier Law School	$34,200 $	$	☐ PAID $0 ☐ FORGIVEN $	$34,200 DATE DUE	0 % RATE $	various DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $0
†☐ 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			

(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 $ 0
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

†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.

$34,200.00 outstanding balance

Schedule B – Part 2
Loan Guarantors

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

Statement covers period
from 2/18/07
through 6/30/07

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 2/18/07
through 6/30/07

CALIFORNIA FORM 460

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)	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 $**			

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.

SCHEDULE D

Statement covers period from 2/18/07 through 6/30/07

CALIFORNIA FORM 460

NAME OF FILER

Committee to Elect John Heilman

I.D. 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
Payments Made

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

Statement covers period
from 2/18/07
through 6/30/07

CALIFORNIA FORM 460

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
U.S. Postmaster West Branch - San Vicente Blvd. West Hollywood, CA 90069	POS			936.00
All Direct Mail 15392 Cobalt St. Sylman, CA 91342	LIT			6519.20
The Stationery Place 1348 Venic Blvd. Los Angeles, CA 90006	LIT			2324.12

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

SUBTOTAL $ 9779.32

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	$	48,619.40
2. Unitemized payments made this period of under $100	$	93.95
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**	$	48,713.35

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 2/18/07 through 6/30/07

CALIFORNIA FORM 460

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
Fox Printing 9330 San Fernando Rd. Sun Valley, CA 91352-1417	LIT		2284.08
Political Data, Inc P.O. Box 1706 Burbank, CA 91507	LIT		944.15
Applegate Consulting Inc. 1401 Avenue of the Stars #1025 Los Angeles, CA 90067	FND		4188.52
Michael Stern 377 Douglas St. Pasadena, CA 91104	LIT	photography	2200.19
Citizens for Good Government 340 N. Myers St. Burbank, CA 91506	LIT		150.00

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

SUBTOTAL $ 9766.94

SCHEDULE E (CONT.)

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 2/18/07 through 6/30/07

CALIFORNIA FORM 460

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/sponso
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
The Stationery Place 1348 Venice Blvd. Los Angeles, CA 90006	LIT			2573.10
Fox Printing Co., Inc. 9330 San Fernando Rd. Sun Valley, CA 91352-1417	LIT			4732.79 ~~2056.80~~
Alex Garfinkel 5259 Newcastle Ave #2 Encino, CA 91316	SAL			279.00
Chuck Fisher 1120 N. Fuller Ave #A West Hollywood, CA 90046	SAL			198.00
Arman Dounel 7702 Fountain Ave West Hollywood CA 90046	SAL			180.00

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

SUBTOTAL $ 7962.89

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period
from 2/18/07
through 6/30/07

CALIFORNIA FORM 460

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/spons
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
Vincent Johnson 11220 Moorpark St. #235 Studio City, CA 91602	Sal			180.00
Michael Lippert 4755 Templeton St. #2218 Los Angeles, CA 90032	Sal			144.00
Teymor Huseynov 3000 Stanford Ave Marina del Rey, CA 90292	Sal			186.00
Roz Helford 3819 Sawtelle Apt D. Los Angeles, CA 90066	Sal			2000.00
Steve Fukushima 611 Levering Ave #9 Los Angeles CA 90024	Sal			5000.00

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

SUBTOTAL $ 7510.00

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 2/18/07 through 6/30/07

CALIFORNIA FORM 460

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/sponso
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
Steve Fukushima 611 Levering Ave #9 Los Angeles, CA 90024	OFC			275.00
Roz Helfand 3819 Sawtelle Blvd. Apt D Los Angeles, CA 90066	OFC			809.85
Applegate Consulting 1901 Ave of the Stars Ste 1025 Los Angeles, CA 90067	FND			1570.75
Marshall Arts Creative 9616 Highland Gorge Dr. Beverly Hills, CA 90210	LIT			2444.65
SG+A 600 Playhouse Alley Ste 504 Pasadena, CA 91101	CNS			7500.00

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

SUBTOTAL $ 12,600.25

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 2/18/07 through 6/30/07

CALIFORNIA FORM 460

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
West Hollywood Democratic Club 524 Norwich Dr West Hollywood, CA 90048	LIT			500.00
Congregation Kol Ami 1200 N. La Brea West Hollywood, CA 90038	CVC			250.00
West Hollywood Democratic Club 524 Norwich Dr. West Hollywood, CA 90048	CVC			150.00
Women Against Gun Violence P.O. Box 1501 Culver City, CA 90232	CVC			100.00

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

SUBTOTAL $ 1000.00

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 2/18/07
through 6/30/07

CALIFORNIA FORM **460**

Page 20 of 23

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 $**	$	$	$	0

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 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
from 2/18/07
through 6/30/07

CALIFORNIA FORM **460**

Page 21 of 23

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect John Heilman

I.D. NUMBER
841705

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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)

*** 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

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 0

** 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.*

SCHEDULE H

Schedule H
Loans Made to Others*

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

Statement covers period
from 2/18/07
through 6/30/07

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 RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.	**SUBTOTALS**	$	$	$	$	$ 0 (Enter (e) on Schedule I, Line 3)		

Schedule H Summary

1. Loans made this period ..... $ 0
   (Total Column (b) plus unitemized loans of less than $100.)
2. Payments received on loans ..... $ 0
   (Total Column (c) plus unitemized payments of less than $100.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET** $ 0
   (May be a negative number)
   (Enter the net here and on the Summary Page, Column A, Line 7.)

**If Required

Schedule I
Miscellaneous Increases to Cash

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

Statement covers period
from 2/18/07
through 6/30/07

SCHEDULE I
CALIFORNIA FORM **460**
Page 23 of 23

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
5/5/07	Adobe Land for City Council #1247075 1021 Westmount Dr. #301 West Hollywood, CA 90069	reimbursement for ½ of phone refund	$235.96

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 235.96

Schedule I Summary

1. Itemized increases to cash this period. ..... $ 235.96
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** $ 235.96