

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: Initial Amendment (Explain)

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CALIFORNIA FORM 501
For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) John William Heilman
DAYTIME TELEPHONE NUMBER (310) 657-0400
FAX NUMBER (optional)
E-MAIL (optional) jheilman90069@aol.com
STREET ADDRESS 1155 La Cienega #1202
CITY West Hollywood
STATE CA
ZIP CODE 90069
OFFICE SOUGHT (POSITION TITLE) City Council
AGENCY NAME West Hollywood
DISTRICT NUMBER, if applicable.
NON-PARTISAN
OFFICE JURISDICTION
State (Complete Part 2.)
City County Multi-County:
2015 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

Primary/general election Special/runoff election
(Year of Election)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: ___/___/___ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On ___/___/___, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on September 2, 2014
(month, day, year)

Signature John Heilman
(Candidate)