

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5

Not yet qualified or List I.D. number: # _____

_____ / _____ / _____ Date qualified as committee
 _____ / _____ / _____ Date qualified as committee (if applicable)
 _____ / _____ / _____ Date of Termination

COPY

Date Stamp RECEIVED CITY OF WEST HOLLYWOOD 14 NOV 19 AM 11:22 OFFICE OF THE CITY CLERK	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information

NAME OF COMMITTEE
Heilman for City Council 2015

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

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

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
info@capoliticallaw.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles	City of West Hollywood

2. Treasurer and Other Principal Officers

NAME OF TREASURER
John Heilman

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

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

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11/13/14 By John Heilman
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 11/13/14 By John Heilman
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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