

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink

COVER PAGE

RECEIVED
Date Stamp
CITY OF WEST HOLLYWOOD
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OFFICE OF THE CITY CLERK

CALIFORNIA 460
2001/02
FORM
Page 1 of 38
CLE For Official Use Only

Statement covers period
from 01/18/2015
through 02/14/2015

Date of election if applicable:
(Month, Day, Year)
03/03/2015

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
1373698

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

STREET ADDRESS (NO P.O. BOX)
1155 N. La Cienga Blvd., No. 1202

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

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
John Heilman

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

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

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 2/16/15
Date

Executed on 2/16/15
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

CALIFORNIA		460	
FORM			
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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

Attach continuation sheets if necessary

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

Type or print in ink

COVER PAGE-PART 2

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FORM		
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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	I.D. NUMBER		
Committee to Elect John Heilman for City	841705		
CONTROLLER	CONTROLLED COMMITTEE?		
John Heilman	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
	1155 N. LaCienega Blvd. #1202		
CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Hollywood	CA	90069	(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

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period	CALIFORNIA FORM 460
from <u>01/18/2015</u> through <u>02/14/2015</u>	
	Page <u>4</u> of <u>38</u>

NAME OF FILER
Heilman for City Council 2015

I.D. NUMBER
1373698

Contributions Received

	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$21,885.00	\$28,885.00
2. Loans Received..... Schedule B, Line 3	\$0.00	\$3,100.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+ 2	\$21,885.00	\$31,985.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$21,885.00	\$31,985.00

**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	_____	_____

Expenditures Made

	Column A	Column B
6. Payments Made..... Schedule E, Line 4	\$32,726.19	\$34,485.11
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$32,726.19	\$34,485.11
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	-\$800.00	\$472.11
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10	\$31,926.19	\$34,957.22

**Expenditure Limit Summary for State
Candidates**

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

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$28,617.08
13. Cash Receipts..... Column A, Line 3 above	\$21,885.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$30.00
15. Cash Payments..... Column A, Line 8 above	\$32,726.19
16. ENDING CASH BALANCE Add Lines 12+13+14, then subtract Line 15	\$17,805.89
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).

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

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	\$3,572.11

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>01/18/2015</u> through <u>02/14/2015</u>	CALIFORNIA FORM 460 Page <u>5</u> of <u>38</u>
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NAME OF FILER
Heilman for City Council 2015

I.D. NUMBER
1373698

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)
02/05/2015	Alston & Bird, LLP 333 S. Hope St., 16th Floor Los Angeles, CA 90071	<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	
02/11/2015	James Arnone 3960 Decker Canyon Rd. Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Latham & Watkins LLP	\$500.00	\$500.00	
02/03/2015	James Ballard 148 N. June Street 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	\$500.00	\$500.00	

SUBTOTAL	\$1,500.00
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Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	<u>\$21,825.00</u>
2. Amount received this period -unitemized monetary contributions of less than \$100.....	<u>\$60.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL <u>\$21,885.00</u>

*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	CALIFORNIA FORM 460
from 01/18/2015 through 02/14/2015	
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NAME OF FILER: Heilman for City Council 2015
I.D. NUMBER: 1373698

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)
02/12/2015	Alexander Bazley 929 North San Vicente Blvd #4 West Hollywood, CA 90069-3881	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Colliers International	\$100.00	\$100.00	
02/03/2015	Kian Beroukhim 8687 Melrose Ave. Ste. B538 Los Angeles, CA 90065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor House 5 Management	\$500.00	\$500.00	
01/22/2015	Joseph Brajevich 9070 Whitworth Dr. Los Angeles, CA 90035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Glaser & Weil	\$250.00	\$250.00	

SUBTOTAL \$850.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$21,825.00

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

\$60.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$21,885.00

*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	CALIFORNIA 460 FORM
from 01/18/2015 through 02/14/2015	
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NAME OF FILER: Heilman for City Council 2015
 I.D. NUMBER: 1373698

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)
01/20/2015	Clare Bronowski 3701 Esplanade Marina del Rey, CA 90292	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Glaser & Weil	\$500.00	\$500.00	
01/31/2015	Clear Channel Worldwide 200 E. Basse Rd. San Antonio, TX 78209	<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	
01/20/2015	Michael Collins 8818 Dorrington Ave. West Hollywood, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Coldwell Banker	\$500.00	\$500.00	

SUBTOTAL \$1,500.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$21,825.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$60.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$21,885.00

*Contributor Codes
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 (other than PTY or SCC)
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 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	CALIFORNIA 460 FORM
from <u>01/18/2015</u> through <u>02/14/2015</u>	
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NAME OF FILER: Heilman for City Council 2015
 I.D. NUMBER: 1373698

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)
02/13/2015	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	Housing Developer, Owner, and Operator West Hollywood Community Housing Corporation	\$500.00	\$500.00	
02/10/2015	Jeff Consoletti 1016 1/2 N Croft Ave 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	Event Producer JJ-LA Events	\$250.00	\$250.00	
01/20/2015	Creating Homes LLC. 9454 Wilshire Blvd. Penthouse Beverly Hills, CA 90212	<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	

SUBTOTAL \$1,250.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$21,825.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$60.00

3. Total monetary contributions received this period.
 (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$21,885.00

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 (other than PTY or SCC)
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 SCC- Small Contributor Committee

Schedule A
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
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SCHEDULE A

Statement covers period	CALIFORNIA 460 FORM
from 01/18/2015 through 02/14/2015	
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NAME OF FILER: Heilman for City Council 2015
 I.D. NUMBER: 1373698

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)
02/10/2015	David Cruz 926 N. Harper 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	Law Professor USC Gould School of Law	\$100.00	\$100.00	
01/20/2015	Richard Davidoff 1456 Altridge 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	Attorney Davidoff & Davidoff	\$500.00	\$500.00	
01/20/2015	Susan Davidoff 1456 Altridge 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	Attorney Davidoff & Davidoff	\$500.00	\$500.00	

SUBTOTAL	\$1,100.00
-----------------	-------------------

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	<u>\$21,825.00</u>
2. Amount received this period -unitemized monetary contributions of less than \$100.....	<u>\$60.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL <u>\$21,885.00</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 A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period	CALIFORNIA 460 FORM
from 01/18/2015 through 02/14/2015	
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NAME OF FILER: Heilman for City Council 2015
 I.D. NUMBER: 1373698

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)
02/02/2015	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 N/A	\$500.00	\$500.00	
02/04/2015	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	
01/20/2015	Matthew Fainchtein 500 N. Rossmore Ave. 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	Real Estate Broker Cushman Wakefield	\$125.00	\$125.00	

SUBTOTAL \$875.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$21,825.00

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

\$60.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$21,885.00

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- IND- Individual
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(other than PTY or SCC)
- OTH- Other (e.g., business entity)
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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		CALIFORNIA 460 FORM
from	01/18/2015	
through	02/14/2015	Page <u>11</u> of <u>38</u>

NAME OF FILER: Heilman for City Council 2015
 I.D. NUMBER: 1373698

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)
02/11/2015	John Given 2240 6th St. 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 City Build Advisors	\$500.00	\$500.00	
01/20/2015	Patricia Glaser 2194 Century Woods Way Los Angeles, CA 90067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Glaser & Weil	\$500.00	\$500.00	
01/20/2015	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	Retired N/a	\$500.00	\$500.00	

SUBTOTAL \$1,500.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$21,825.00

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

\$60.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$21,885.00

*Contributor Codes
 IND- Individual
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 (other than PTY or SCC)
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 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	CALIFORNIA 460 FORM
from 01/18/2015 through 02/14/2015	
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NAME OF FILER: Heilman for City Council 2015
 I.D. NUMBER: 1373698

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)
02/14/2015	Nancy Greenstein 2016 Euclid St., Apt. 8 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	Administrator UCLA	\$250.00	\$250.00	
02/10/2015	Jason Herthel 1218 Penegrine Way Weston, FL 33327	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Montage Hotels & Resorts	\$500.00	\$500.00	
01/20/2015	Jason Honigberg 1271 Stoner Ave. #407 Los Angeles, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Soft Goods Manufacturer Jason Honigberg	\$200.00	\$200.00	

SUBTOTAL \$950.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$21,825.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$60.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$21,885.00

*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		CALIFORNIA 460 FORM
from	01/18/2015	
through	02/14/2015	Page <u>13</u> of <u>38</u>

NAME OF FILER
 Heilman for City Council 2015

I.D. NUMBER
 1373698

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)
01/20/2015	Keith Kaplan 1121 N. Kings Road #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	
02/05/2015	Steven Kay 9284 Flicker Place 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	\$250.00	\$250.00	
01/20/2015	Andrea Keller 818 S. Grand Ave. #706 Los Angeles, CA 90017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architect AKA Architecture + Design	\$100.00	\$100.00	

SUBTOTAL \$850.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$21,825.00

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

\$60.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$21,885.00

*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	CALIFORNIA 460 FORUM
from 01/18/2015 through 02/14/2015	
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NAME OF FILER
 Heilman for City Council 2015

I.D. NUMBER
 1373698

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)
02/08/2015	KVR Productions 7301 Florence Ave., Apt. 525 Downey, CA 90240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	
02/12/2015	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	
01/20/2015	Shaw Lalezary 9454 Wilshire Blvd. Penthouse Beverly Hills, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Shaw Lalezary	\$500.00	\$500.00	

SUBTOTAL \$1,200.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$21,825.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$60.00

3. Total monetary contributions received this period.
 (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$21,885.00

*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	CALIFORNIA FORM 460
from 01/18/2015 through 02/14/2015	
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NAME OF FILER: Heilman for City Council 2015
 I.D. NUMBER: 1373698

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)
02/10/2015	John Livingston 17 Eton Rd. Scarsdale, NY 10583	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Executive AECOM Capital	\$500.00	\$500.00	
02/10/2015	Marianne Lowenthal 10133 Lovelane Place Los Angeles, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Combined Properties	\$500.00	\$500.00	
01/20/2015	Carine Mamann 8214 Hollywood Blvd. 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 Broker Cushman Wakefield	\$250.00	\$250.00	

SUBTOTAL \$1,250.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$21,825.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$60.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$21,885.00

*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	CALIFORNIA 460 FORM
from 01/18/2015 through 02/14/2015	
Page 16 of 38	

NAME OF FILER: Heilman for City Council 2015
 I.D. NUMBER: 1373698

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)
01/31/2015	Mansour Fine Rugs 8600 Melrose Ave. 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		\$500.00	\$500.00	
02/02/2015	Barbara Meltzer 532 West Knoll Drive West Hollywood, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Relations Specialist Barbara Meltzer	\$200.00	\$200.00	
02/10/2015	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.	\$250.00	\$250.00	

SUBTOTAL \$950.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$21,825.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$60.00

3. Total monetary contributions received this period.
 (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$21,885.00

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 (other than PTY or SCC)
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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	CALIFORNIA 460 FORM
from <u>01/18/2015</u> through <u>02/14/2015</u>	
Page <u>17</u> of <u>38</u>	

NAME OF FILER: Heilman for City Council 2015
 I.D. NUMBER: 1373698

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)
01/20/2015	Ashkahn Mohamadi 1502 1/2 S. Sherbourne Drive Los Angeles, CA 90035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Girardi Keese	\$100.00	\$100.00	
01/20/2015	Kazuko Morgan 124 3rd Ave. San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer Cushman Wakefield	\$500.00	\$500.00	
01/20/2015	Afshin Mozaffari 11625 Montana Ave. #333 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 Mozaffari Law	\$250.00	\$250.00	

SUBTOTAL \$850.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$21,825.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$60.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$21,885.00

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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	CALIFORNIA FORM 460
from 01/18/2015 through 02/14/2015	
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NAME OF FILER: Heilman for City Council 2015
 I.D. NUMBER: 1373698

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)
01/20/2015	Daniel Neman 347 N. La Jolla Ave. 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	Real Estate Developer Daniel Neman	\$100.00	\$100.00	
01/20/2015	OJMR - Build, Inc. 501 S. Fairfax Ave., Ste. 202 Los Angeles, CA 90036	<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	
01/26/2015	Ester Pourshalimi 1596 Lindacrest 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	

SUBTOTAL \$1,100.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$21,825.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$60.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$21,885.00

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 (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	CALIFORNIA 460 FORM
from <u>01/18/2015</u> through <u>02/14/2015</u>	
Page <u>19</u> of <u>38</u>	

NAME OF FILER
 Heilman for City Council 2015

I.D. NUMBER
 1373698

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)
02/11/2015	Jeffrey Prang 1230 N. Sweetzer Ave., Apt. 107 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	County Assesor Los Angeles County	\$200.00	\$200.00	
02/06/2015	Frank Rorie 1420 N. Laurel Ave. #407 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	Attorney Law Office of Frank Rorie	\$150.00	\$150.00	
01/20/2015	Jenny Ryu 135 N. Sweetzer Ave. 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	Attorney Jenny Ryu	\$100.00	\$100.00	

SUBTOTAL \$450.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$21,825.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$60.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$21,885.00

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 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	CALIFORNIA 460 FORM
from <u>01/18/2015</u> through <u>02/14/2015</u>	
Page <u>20</u> of <u>38</u>	

NAME OF FILER Heilman for City Council 2015	I.D. NUMBER 1373698
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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)
01/20/2015	David Sheldon 111 West Ocean Blvd., 20th Floor Long Beach, CA 90802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Business Development Studio One Eleven	\$500.00	\$500.00	
02/12/2015	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	
01/22/2015	Benhour Soleimani 1005 N. Crescent 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	President BMB Commercial Corporation	\$500.00	\$500.00	

SUBTOTAL	\$1,100.00	
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Schedule A Summary

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2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$60.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$21,885.00

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 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	CALIFORNIA FORM 460
from 01/18/2015 through 02/14/2015	
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NAME OF FILER: Heilman for City Council 2015
 I.D. NUMBER: 1373698

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)
01/26/2015	Benjamin Soleimani 808 Foothill Rd. 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	President Mansour	\$500.00	\$500.00	
01/20/2015	Standard Parking, Inc. 200 E. Randolph, Ste. 7700 Chicago, IL 60601	<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	
01/20/2015	Troika Boys LLC 8733 Sunset Blvd., Ste. 205 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		\$500.00	\$500.00	

SUBTOTAL	\$1,500.00
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Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$21,825.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$60.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$21,885.00

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 (other than PTY or SCC)
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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	CALIFORNIA 460 FORM
from <u>01/18/2015</u> through <u>02/14/2015</u>	
Page <u>22</u> of <u>38</u>	

NAME OF FILER Heilman for City Council 2015	I.D. NUMBER 1373698
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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)
02/05/2015	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	\$350.00	\$350.00	
01/31/2015	West Hollywood Chamber of Commerce WEHO PAC (AKA WEHO PAC) 1525 S. Sepulveda Blvd., Ste. 101 Los Angeles, CA 90025 ID: 1248664	<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	
01/31/2015	Western Built Construction, Inc. 8033 Sunset Blvd., Ste. 5500 Los Angeles, CA 90046	<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	

SUBTOTAL	\$1,350.00
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Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	<u>\$21,825.00</u>
2. Amount received this period -unitemized monetary contributions of less than \$100.....	<u>\$60.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL <u>\$21,885.00</u>

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 (other than PTY or SCC)
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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 01/18/2015 through 02/14/2015	CALIFORNIA 460 FORM Page 23 of 38
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NAME OF FILER: Heilman for City Council 2015
 I.D. NUMBER: 1373698

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)
02/06/2015	Robert White 8941 Ashcroft Ave. West Hollywood, CA 90048-2403	<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	
02/02/2015	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	\$100.00	
02/05/2015	Michael Zanella 8745 Dorrington Ave. 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	Consultant Jean Doumanian Productions	\$500.00	\$500.00	

SUBTOTAL \$1,100.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$21,825.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$60.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$21,885.00

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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	CALIFORNIA 460 FORM
from 01/18/2015 through 02/14/2015	
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NAME OF FILER Heilman for City Council 2015	I.D. NUMBER 1373698
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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)
02/11/2015	Mark Zangrando 3815 First Ave., Unit 103 San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Director of Mission Scripps Mercy Hospital	\$100.00	\$100.00	
01/21/2015	James Zarian 2707 Blue Waters Dr. Corona del Mar, CA 92625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marketing Consultant C2M Consulting	\$500.00	\$500.00	

SUBTOTAL	\$600.00
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Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	<u>\$21,825.00</u>
2. Amount received this period -unitemized monetary contributions of less than \$100.....	<u>\$60.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL <u>\$21,885.00</u>

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 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	CALIFORNIA 460 FORM
from 01/18/2015 through 02/14/2015	
Page 25 of 38	

NAME OF FILER Heilman for City Council 2015	I.D. NUMBER 1373698
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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	\$100.00	\$0.00	<input type="checkbox"/> PAID \$0.00 <input type="checkbox"/> FORGIVEN \$0.00	\$100.00 DATE DUE	0 RATE \$0.00	\$100.00 09/02/2014 DATE INCURRED	CALENDAR YEAR 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	\$3,000.00	\$0.00	<input type="checkbox"/> PAID \$0.00 <input type="checkbox"/> FORGIVEN \$0.00	\$3,000.00 DATE DUE	0 RATE \$0.00	\$3,000.00 11/17/2014 DATE INCURRED	CALENDAR YEAR PER ELECTION

SUBTOTALS	\$0.00	\$0.00	\$3,100.00	\$0.00	
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Schedule B Summary

1. Loans received this period.....	\$0.00
(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 \$0.00
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 D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period		CALIFORNIA FORM 460
from	01/18/2015	
through	02/14/2015	
		Page 26 of 38

NAME OF FILER
 Heilman for City Council 2015

I.D. NUMBER
 1373698

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL	\$0.00
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Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....	\$0.00
2. Unitemized contributions and independent expenditures made this period of under \$100.....	\$50.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.).....	TOTAL \$50.00

Schedule E
Payments Made

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

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from 01/18/2015 through 02/14/2015	
Page 27 of 38	

NAME OF FILER Heilman for City Council 2015	I.D. NUMBER 1373698
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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
Adam Berkowitz 952 1/2 Hyperion Ave. Los Angeles, CA 90029	CNS		\$5,025.99
Adam Berkowitz 952 1/2 Hyperion Ave. Los Angeles, CA 90029	OFC		\$365.06

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	SUBTOTAL	\$5,391.05
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Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$32,389.19
2. Unitemized payments made this period of under \$100.	\$337.00
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.)	TOTAL \$32,726.19

Schedule E
Payments Made

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

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from <u>01/18/2015</u> through <u>02/14/2015</u>	
Page <u>28</u> of <u>38</u>	

NAME OF FILER
 Heilman for City Council 2015

I.D. NUMBER
 1373698

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
Ann Semonco 1230 N. Sweetzer Ave., #102 West Hollywood, CA 90069	SAL		\$161.62
Bullseye Marketing 19425 Londelius St. Northridge, CA 91324	LIT		\$2,886.89
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		SUBTOTAL	\$3,048.51

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$32,389.19
2. Unitemized payments made this period of under \$100.....	\$337.00
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.).....	TOTAL \$32,726.19

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	
from 01/18/2015 through 02/14/2015	
Page 29 of 38	

NAME OF FILER
 Heilman for City Council 2015

I.D. NUMBER
 1373698

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 (exclude nonmonetary)* | OFI 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
Bullseye Marketing 19425 Londelius St. Northridge, CA 91324	POS		\$5,715.00
Election Digest 13701 Riverside Dr., Ste. 604 Sherman Oaks, CA 91423		Slate Mailer ID#1345303	\$225.00
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		SUBTOTAL	\$5,940.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$32,389.19
2. Unitemized payments made this period of under \$100.....	\$337.00
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.).....	TOTAL \$32,726.19

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		CALIFORNIA FORM 460	
from	01/18/2015	Page	30 of 38
through	02/14/2015		

NAME OF FILER
 Heilman for City Council 2015

I.D. NUMBER
 1373698

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 | TRG staff/spouse travel, lodging, and meals |
| IND independent expenditure | PCS postage, delivery and messenger services | TCF 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
Felice Kaplan 1285 Sweetzer Ave., #204 West Hollywood, CA 90069	SAL		\$259.73
First Data 5565 Glenridge Conn. NE, Ste. 2000 Atlanta, GA 30342	OFC		\$514.70

(IF COMMITTEE, ALSO ENTER I.D. NUMBER) **SUBTOTAL** \$774.43

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$32,389.19
2. Unitemized payments made this period of under \$100.....	\$337.00
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.).....	TOTAL \$32,726.19

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	CALIFORNIA FORM 460
from 01/18/2015 through 02/14/2015	
Page 31 of 38	

NAME OF FILER Heilman for City Council 2015	I.D. NUMBER 1373698
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CODEC: 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 |
| IID independent expenditure | POS postage, delivery and messenger services | TIF 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	CR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Gian Madrid 866 Westmount Dr., #201 West Hollywood, CA 90069	SAL			\$230.64
Harman Press 6840 Vineland Ave. North Hollywood, CA 91605	LIT			\$1,552.92
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	SUBTOTAL			\$1,783.56

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$32,389.19
2. Unitemized payments made this period of under \$100.....	\$337.00
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.).....	TOTAL \$32,726.19

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from <u>01/18/2015</u> through <u>02/14/2015</u>	
Page <u>32</u> of <u>38</u>	

NAME OF FILER Heilman for City Council 2015	I.D. NUMBER 1373698
--	------------------------

CODES: If one of the following codes accurately described 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 | TFS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POB printing, photography and other general services | TRF 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
House of Printing 3336 E. Colorado Blvd. Pasadena, CA 91107	LIT		\$4,103.76
Jennifer Dinsfriend 7911 1/8 Norton Ave. West Hollywood, CA 90046	SAL		\$249.34

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	SUBTOTAL	\$4,353.10
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Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$32,389.19
2. Unitemized payments made this period of under \$100.	\$337.00
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.)	TOTAL \$32,726.19

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	CALIFORNIA FORM 460
from 01/18/2015 through 02/14/2015	
Page 33 of 38	

NAME OF FILER Heilman for City Council 2015	I.D. NUMBER 1373698
--	------------------------

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 | FET 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 | TPS staff/spouse travel, lodging, and meals |
| FID independent expenditure | POS postage, airfare, and other transportation | TRF transfer between committees of the same candidate/office |
| 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		\$2,100.00
Mitchell Publishing 127 S. Anderson St. Los Angeles, CA 90033	LIT		\$1,269.85
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		SUBTOTAL	\$3,369.85

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$32,389.19
2. Unitemized payments made this period of under \$100.	\$337.00
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.)	TOTAL \$32,726.19

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period	CALIFORNIA 460 FORM
from 01/18/2015 through 02/14/2015	
Page 34 of 38	

NAME OF FILER
Heilman for City Council 2015

I.D. NUMBER
1373698

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|--|
| CMP campaign paraphernalia/misc. | MSR 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 files | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| INC incident expenditures | POS postage, printing and other office supplies | TTF transfer between committee 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	DESCRIPTION OF PAYMENT	AMOUNT PAID
Norman Chramoff 5904 Carlton Way Los Angeles, CA 90028	SAL		\$5,504.69
Political Data Inc. 12501 Imperial Hwy., Ste. 200 Norwalk, CA 90650	OFC		\$924.00

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	SUBTOTAL	\$6,428.69
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Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$32,389.19
2. Unitemized payments made this period of under \$100.....	\$337.00
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.).....	TOTAL \$32,726.19

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from 01/18/2015 through 02/14/2015	
Page 35 of 38	

NAME OF FILER
Heilman for City Council 2015

I.D. NUMBER
1373698

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 operation | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery, telephone, long distance | TRF 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
Rafael Leyva 1347 N. Stanley Ave., Apt. 1 Los Angeles, CA 90046	LIT		\$1,000.00
Russian Newspaper Distribution, Inc. 425 S. Fairfax Ave. #301 Los Angeles, CA 90036	PRT		\$300.00

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

SUBTOTAL \$1,300.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$32,389.19
2. Unitemized payments made this period of under \$100.	\$337.00
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.)	TOTAL \$32,726.19

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule F
Accrued Expenses (Unpaid Bills)

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

SCHEDULE F

Statement covers period	CALIFORNIA 460 FORM
from 01/18/2015 through 02/14/2015	
Page 36 of 38	

NAME OF FILER
 Heilman for City Council 2015

I.D. NUMBER
 1373698

CODEC: 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 expenditures | POU postage, publishing, and longer services | TCT 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 printers | 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
California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426 Long Beach, CA 90807	PRO	\$472.11	\$0.00	\$0.00	\$472.11
Political Data Inc. 12501 Imperial Hwy., Ste. 200 Norwalk, CA 90650	OFC	\$800.00	\$0.00	\$800.00	\$0.00
SUBTOTALS		\$1,272.11	\$0.00	\$800.00	\$472.11

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

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 payments on accrued expenses under \$100.)	INCURRED TOTALS	\$0.00
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	\$800.00
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	\$(800.00)
		(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	CALIFORNIA 460 FORM
from <u>01/18/2015</u> through <u>02/14/2015</u>	
Page <u>37</u> of <u>38</u>	

NAME OF FILER Heilman for City Council 2015	I.D. NUMBER 1373698
NAME OF AGENT OR INDEPENDENT CONTRACTOR Bullseye Marketing	

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 contributions | PEL petition circulating | TFL tv or cable airtime and production costs |
| FIL candidate filing/ballot fee | PHD 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 expenditures | POD postage, delivery and messenger services | TSE transfer between committees of the same candidate/sponsor |
| LCD 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
US Postal Service 28201 Franklin Pkwy. Santa Clarita, CA 91383	POS		\$1,905.00
US Postal Service 28201 Franklin Pkwy. Santa Clarita, CA 91383	POS		\$1,905.00
US Postal Service 28201 Franklin Pkwy. Santa Clarita, CA 91383	POS		\$1,905.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$5,715.00

* 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.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule I

Miscellaneous Increases to Cash

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

SCHEDULE I

Statement covers period	CALIFORNIA 460 FPPC
from 01/18/2015 through 02/14/2015	
Page 38 of 38	

NAME OF FILER
Heilman for City Council 2015

I.D. NUMBER
1373698

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$0.00

Schedule I Summary

1. Itemized increases to cash this period.....	\$0.00
2. Unitemized increases to cash of under \$100 this period.....	\$30.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	TOTAL \$30.00