

Statement of Organization Recipient Committee

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

_____/_____/_____
Date qualified as committee

Termination - See Part 5
List I.D. number:

_____/_____/_____
Date of Termination

Date Stamp
RECEIVED
CITY OF WEST HOLLYWOOD
15 MAR 20 AM 9:35
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CALIFORNIA FORM 410
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1. Committee Information

NAME OF COMMITTEE

John 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

Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

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 3/12/15 By John Heilman
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 3/12/15 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