Statement of Recipient Cor	Organization nmittee				1	Date Stamp	<i>URBITRICAL STATE</i>	FORNA ZZ O
Statement Type	☐ Initial  Not yet qualified ☐ or	Amendment List I.D. number: # 1376237	Termination - See Part 5 List I.D. number:		CITY OF WES	THOTYWO I PM I: 5	)OE	For Official Use Only
	/// Date qualified as committee	03 /29 /2015  Date qualified as committee (If applicable)	Date of Termin	-/ation	OFFICE OF TI	IE CITY <b>C</b> UF	ERF	
1. Committee I	nformation				nd Other Princ	ipal Officers	· · · · · · · · · · · · · · · · · · ·	
John Heilman for City Council 2015				NAME OF TREASURER  John Heilman				
STREET ABDRESS (NO P.O. BOX)  1155 N. La Cienega Blvd., #1202  CITY STATE ZIR CODE AREA CODE/PHONE				street Address (NO P.O. BOX) 1155 N. La Cienega Blyd., #1202				
West Hollywoo	od CA 90	21P CODE AREA CODE/P 069 (562)427	'-2100 V	Vest Hollyv ME OF ASSISTANT TR		STATE CA	21P CODE 90069	AREA CODE/PHONE (562)427-2100
FAX / E-MAIL ADDRESS info@capolitic	allaw.com	***************************************	STR	REET ADDRESS (NO P.	0. 80x)	101		A
Los Angeles	1	est Hollywood	CFTY	У		STATE	žIP CODE	AREA COOF/PHONE
			NAI	ME OF PRINCIPAL OFF	FICER(S)		*****	
Attach additional	information on appropriately	labeled continuation sheets	STR	EET ADDRESS (NO P.C	D. BOX}			
			CIT	Υ		STATE	ZIP CODE	AREA CODE/PHONE
3. Verification I have used all repenalty of perjue Executed on Executed on Executed on Executed on	easonable diligence in preparry under the laws of the State  3/30/2015  By  DATE  By  By  By	John He SIGNATURE C	SIGNATURE OF TREAS	OFFECT.  URER OR ASSISTANT  LDER, CANDIDATE, OF	TREASURER	ENT	ue and compl	ete. I certify under
	DATE	SIGNATURE	OF CONTROLLING OFFICEHO	LDER, CANDIDATE, O	R STATE MEASURE PROPOR	IENT		

FPPC Form 410 (Dec/2012) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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