

496 Independent Expenditure Report

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

RECEIVED
CITY OF WEST HOLLYWOOD

15 MAY 8 496 INDEPENDENT EXPENDITURE REPORT

| | | | |
|---|--|---|---|
| NAME OF FILER WeHo United for John Heilman for City Council 2015 | | Date of This Filing 05/08/2015 | CALIFORNIA FORM 496 For Official Use Only |
| AREA CODE/PHONE NUMBER (562) 903-0815 | I.D. NUMBER (if applicable) 1376375 | Report No. 5-8-15JH | |
| STREET ADDRESS 8899 Beverly Blvd. | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | |
| CITY West Hollywood | STATE CA | ZIP CODE 90048 | |
| | | No. of Pages 2 | |

1. List Only One Candidate or Ballot Measure

| | | | | | | | |
|--|--------------|--------------|--------|---|--------------|---------|--------|
| NAME OF CANDIDATE SUPPORTED OR OPPOSED John Heilman | | | | NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED | | | |
| OFFICE SOUGHT OR HELD City Council Member; City of West Hollywood | DISTRICT NO. | SUPPORT X | OPPOSE | BALLOT NO./LETTER | JURISDICTION | SUPPORT | OPPOSE |

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

| DATE | DESCRIPTION OF EXPENDITURE | AMOUNT |
|------------|---|----------|
| 05/07/2015 | Mailer Cumulative to date total \$42269.66 | 1,099.78 |
| | | |
| | | |
| | | |

Reason for Amendment: _____

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|--|------------|
| CALIFORNIA FORM | 496 |
| <small>I.D. NUMBER (if applicable)</small> | |
| 1376375 | |

NAME OF FILER
 WeHo United for John Heilman for City Council 2015

3. Contributions of \$100 or More Received*

| 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 | INTEREST RATES |
|---------------|--|---|--|-----------------|---|
| 05/07/2015 | Townscape Management, Inc. 8899 Beverly Blvd. West Hollywood, CA 90048 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 10,000.00 | If loan, enter interest rate, if any _____% |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | If loan, enter interest rate, if any _____% |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | If loan, enter interest rate, if any _____% |
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| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | If loan, enter interest rate, if any _____% |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | If loan, enter interest rate, if any _____% |

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

****Contributor Codes**
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 496 (March/2011)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)