

496 Independent Expenditure Report

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

RECEIVED
CITY OF WEST HOLLYWOOD

15 MAY 20 11:49 AM INDEPENDENT EXPENDITURE REPORT

NAME OF FILER WeHo United for John Heilman for City Council 2015		Date of This Filing 05/20/2015	Date Stamp 15 MAY 20 11:49 AM	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (562) 983-0815	I.D. NUMBER (if applicable) 1376375	Report No. 5-20-15JH2		
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 3	

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
05/19/2015	Canvasser Cumulative to date total \$71548.08	391.00
05/19/2015	Canvasser Cumulative to date total \$71548.08	617.00
05/19/2015	Canvasser Cumulative to date total \$71548.08	330.00
05/19/2015	Canvasser Cumulative to date total \$71548.08	153.00

Reason for Amendment: _____

496 Independent Expenditure Report

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

RECEIVED
CITY OF WEST HOLLYWOOD

15 MAY 20 11:45 AM 496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER WeHo United for John Heilman for City Council 2015		Date of This Filing 05/20/2015	Date Stamp 15 MAY 20 11:45 AM	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (562) 983-0815	I.D. NUMBER (if applicable) 1376375	Report No. 5-20-16JH2		
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 3	

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
05/19/2015	Canvasser Cumulative to date total \$71548.08	330.00
05/19/2015	Canvasser Cumulative to date total \$71548.08	240.00
05/19/2015	Canvasser Cumulative to date total \$71548.08	300.00
05/19/2015	Consulting Cumulative to date total \$71548.08	2,040.00

Reason for Amendment: _____

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

496 Independent Expenditure Report

496 INDEPENDENT EXPENDITURE REPORT

CALIFORNIA FORM 496
 I.D. NUMBER (if applicable)
 1376375

NAME OF FILER
 WeHo United for John Hailman 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
05/19/2015	Denim LA Inc, DBA DSTLD 8899 Beverly Blvd. Ste. 600 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		5,000.00	If loan, enter interest rate, if any _____%
05/19/2015	Law Offices Of Nathan Goller 655 N. Robertson Blvd. 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		2,500.00	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 _____%
		<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)