

**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

15 JUN 29 PM 1:39

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

John Heilman for West Hollywood City Council 2017

STREET ADDRESS (NO P.O. BOX)

1155 La Cienega #1202

CITY

STATE

ZIP CODE

AREA CODE/PHONE

West Hollywood

CA

90069

(310)657-0400

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

jheilman90069@aol.com

COUNTY OF DOMICILE

Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

West Hollywood

2. Treasurer and Other Principal Officers

NAME OF TREASURER

John Heilman

STREET ADDRESS (NO P.O. BOX)

1155 La Cienega #1202

CITY

STATE

ZIP CODE

AREA CODE/PHONE

West Hollywood

CA

90069

(310)657-0400

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

1155 La Cienega #1202

CITY

STATE

ZIP CODE

AREA CODE/PHONE

West Hollywood

CA

90069

(310)657-0400

NAME OF PRINCIPAL OFFICER(S)

John Heilman

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 06/22/2016
DATE

By

John Heilman

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 06/22/2016
DATE

By

John Heilman

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT