Candidate Intention Statement		Date Stamp CALIFORNIA FORM		california 501
Check One: ⊠Initial ☐ Amendment (E	olain)	OITY OF WEST HOP	YWELL	For Official Use Only
		16 APR -5 PM		
		OFFICE OF THE CIT	Y CLERK	
1. Candidate Information:				
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	R FAX NUMBER (optional)	E-MAIL (o	ptional)
John Heilman	( 323 ) 573-7409	( )		n90069@aol.com
STREET ADDRESS	CITY	STATE	ZIP CODE	=
1155 La Cienega #1202  OFFICE SOUGHT (POSITION TITLE)  AGENCY N	West Hollywood	CA DISTRICT NUMBER.	90069	
		DISTRICT NUMBER	1	X NON-PARTISAN
West Hollywood City Council City of V	West Hollywood			PARTY:
State (Complete Part 2.)				
☐ City ☐ County ☐ Multi-County:	(Name of Multi-County Jurisdiction)	20 <sup>-</sup> (Year of E		
(Check one box)  I accept the voluntary expenditure ceiling for the election  Amendment:  I did not exceed the expenditure ceiling in the the general or special run-off election.	or the election stated above.	/and I accept	the volunta	ary expenditure ceiling for
(Mark if applicable)  On/, I contributed personal funds	in excess of the expenditure ceiling	for the election stated above.		
3. Verification:				
I certify under penalty of perjury under the laws of	, , , , , ,			
Executed on March 30, 2016 S	ignature John Heima	<b>5</b>		
Executed on, Signath, day, year)	(Candidate	)	FPPC A	FPPC Form 501 (Jan/2016 dvice: advice@fppc.ca.gov (866/275-3772 www.fppc.ca.go