

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

Date Stamp 7 FEB -0 11:11 AM	CALIFORNIA FORM 460
Page 1 of 7	For Official Use Only

Statement covers period from 07/01/2016 through 12/31/2016	Date of Election if applicable (Month, Day, Year)
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1. Type of Recipient Committee

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
☐ General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored
☐ Primarily Formed Candidate/Officeholder Committee

2. Type of Statement

- ☐ Pre-election Statement
☒ Semi-Annual Statement
☐ Termination Statement
☐ Amendment
- ☐ Quarterly Statement
☐ Special Odd-Year Statement
☐ Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. Number 1376237

COMMITTEE NAME

John Heilman for City Council 2015

Treasurer(s)

NAME OF TREASURER

John Heilman

STREET ADDRESS

1155 La Cienega # 1202

STREET ADDRESS (NO PO BOX)

~~16633 Ventura Blvd # 1008~~ 911 1155 La Cienega #1202

CITY

~~Burbank~~ West Hollywood,

STATE

CA

ZIP CODE

91435

AREA CODE/PHONE

310/657-0400

CITY

West Hollywood

STATE

CA

ZIP CODE

91435

310/657-0400

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS (IF DIFFERENT)

90069 310-657-0400

STREET ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing 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 2/1/17

By

John Heilman

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2/1/17

By

John Heilman

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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Campaign Statement
Cover Page - Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM 460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

John Heilman

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member West Hollywood

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
16633 Ventura Blvd # 1008 Encino CA 91436

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures in behalf of your candidacy.*

COMMITTEE NAME I.D. NUMBER
John Heilman for West Hollywood City Council 2017 1387219

NAME OF TREASURER CONTROLLED COMMITTEE?
Jane Leiderman ☒ YES ☐ NO

COMMITTEE STREET ADDRESS (NO P.O. BOX)
16633 Ventura Blvd # 1008

CITY STATE ZIP CODE AREA CODE/PHONE
Encino CA 91436 323/655-4065

COMMITTEE NAME I.D. NUMBER
Heilman for City Council 2015 1373698

NAME OF TREASURER CONTROLLED COMMITTEE?
John Heilman ☒ YES ☐ NO

COMMITTEE STREET ADDRESS (NO P.O. BOX)
1155 La Cienega # 1202

CITY STATE ZIP CODE AREA CODE/PHONE
West Hollywood CA 90069 310/657-0400

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER OR CANDIDATE OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee

List names of officials for whom this committee is primarily formed

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

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Campaign Statement
Cover Page - Part 2 (Continuation Page)

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NAME OF FILER JOHN HEILMAN FOR CITY COUNCIL 2015

ID NUMBER
1376237

5. Officeholder or Candidate Controlled Committee - Related Committees Not Included in this Statement

COMMITTEE NAME

Committee to Elect John Heilman for City Council 2007

ID NUMBER

841705

NAME OF TREASURER

John Heilman

CONTROLLED COMMITTEE?

☒ YES

☐ NO

COMMITTEE STREET ADDRESS (OR NO P.O. BOX)

1155 La Cienega # 1202

CITY

West Hollywood

STATE

CA

ZIP CODE

90069

AREA CODE - PHONE

310/657-0400

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
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NOMINEE/FILER John Heilman for City Council 2015

ID NUMBER
1376237

	Column A TOTAL CASH RECEIPTS (SCHEDULE A, LINE 5)	Column B TOTAL CONTRIBUTIONS (SCHEDULE B, LINE 9)
Contributions Received		
1. Monetary Contributions Schedule A, Line 4	\$ 200.00	\$ 200.00
2. Loans Received Schedule B, Line 2	0.00	11,000.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 200.00	\$ 11,200.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 200.00	\$ 11,200.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections.

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

	Column A TOTAL CASH PAYMENTS (SCHEDULE D, LINE 6)	Column B TOTAL EXPENDITURES (SCHEDULE E, LINE 10)
Expenditures Made		
6. Payments Made Schedule D, Line 4	\$ 416.40	\$ 719.80
7. Loans Made Schedule F, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 416.40	\$ 719.80
9. Accrued Expenses (Unpaid Bills) Schedule G, Line 1	0.00	0.00
10. Nonmonetary Adjustment Schedule H, Line 1	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 416.40	\$ 719.80

Current Cash Statement	
12. Beginning Cash Balance Previous Summary Page, Line 14	\$ 1,132.87
13. Cash Receipts Column A, Line 5 above	200.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	416.40
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 916.47
17. LOAN GUARANTEES RECEIVED Schedule B, Line 2	\$ 0.00

Cash Equivalents and Outstanding Debts	
18. Cash Equivalents	\$ 0.00
19. Outstanding Debts. Add Lines 2 + Line 9 in Column B above	\$ 11,000.00

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made *
(If Subject to Voluntary Expenditure Limits)

_____ \$ _____
_____ \$ _____

* Amounts in this Section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

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NAME OF FILER John Heilman for City Council 2015		STATE NUMBER 1376237

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/03/2016	John Heilman 1155 La Cienega # 1201 West Hollywood, CA 90069	IND	Professor Southwestern Law School	200.00	200.00	

SUBTOTAL \$ 200.00

Schedule A Summary

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals)	\$ 200.00
2. Amount received this period - unitemized	\$ 0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A Line 1)	TOTAL \$ 200.00

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

Schedule B - Part 1
Loans Received

SCHEDULE B - PART 1

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NAME OF FILE: John Heilman for City Council 2015

ID NUMBER
1376237

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
John Heilman 1155 La Cienega # 1201 West Hollywood, CA 90069 Contributor Code: IND	Professor Southwestern Law School	11,000.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	11000.00 DUE DATE /	0.00 INTEREST RATE 0.00 %	11,000.00 DATE INCURRED 03/12/2015	CALENDAR YEAR 200 PER ELECTION **

	(b)	(c)	(d)	(e)
SUBTOTALS \$	0.00	0.00	11,000.00	0.00

Schedule B Summary

- Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.) \$ 0.00
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 0.00
Enter the net here and on the Summary Page, Column A, Line 2.

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

Schedule E Payments Made

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FILER/ OFFICER John Heilman for City Council 2015		ID. NUMBER 1376237

CODES: If one of the following accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable production costs
FIL candidate filing / ballot fees	PHO phone banks	TRC candidate travel, lodging and meals
FND fundraising expenses	POL polling and survey research	TRS staff/spouse travel, lodging and meals
IND independent expenditures supporting/opposing others	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet,e-mail)

NAME AND ADDRESS OF PAYEE	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
First Bank Merchant 5565 Glenridge Connector NE #2000 Atlanta, GA 30342	OFC		239.40
Wells Fargo	OFC		177.00

SUBTOTAL \$ 416.40

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	416.40
2. Unitemized payments made this period of under \$100	\$	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	416.40