				COVER PAGE
Recipient Committee Campaign Statement Cover Page	Type or print in	ink. CITY OF	CEIVED VEST HOLLYWOOD	CALIFORNIA 460 FORM
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from	Date of election if applicable a		For Official Use Only
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Te	Spe Spe	rterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495
3. Committee Information	D. NUMBER 705	Treasurer(s)		
Committee Name (or candidate's Name if NO COMMITTEE) Committee to Elect John Ho	eilman	NAME OF TREASURER T.M. Mc(rac MAILING ADDRESS 8400 De lo CITY	ngpre # 214	CODE AREA CODE/PHONE
1155 La Cienosa #1202	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	10	069 <u>323-650-56</u> 9)
West Holly word, (A 900 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	* 1 O10 (O1	MAILING ADDRESS		
OPTIONAL FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR		CODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewir under penalty of perjury under the laws of the State of Californ Executed on Date Executed on Date Executed on Date	ng this statement and to the best of my kr ia that the foregoing is true and correct By	Signature of Treasurer or Assistant	-	
Executed on	ву	Signature of Controlling Officeholder, Candidate, S		

Executed on ___

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA FORM 460

Page 2 of 15

Officeholder or Candidate Controlled	Committee	6.	Primarily Formed Ballo	t Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
John Heilman						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION ANI	D DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO		SUPPORT OPPOSE
West Hollyword	CityCouncil					
RESIDENTIAL/BUSINESS ADDRÉSS (NO AND STRE	EET) CITY STATE ZIP		Identify the controlling offi		ndidata ar atata massurr	proponent if any
1155 La Cienesa #12	102 West HollywoodCA		· ·			proponent, ir any.
	90069	7	NAME OF OFFICEHOLDER, CAN	DIDATE, OR PR	OPONENT	
Related Committees Not Included in t			OFFICE SOUGHT OR HELD		DISTRICT NO	IF ANY
not included in this statement that are controlled contributions or make expenditures on behalf of	I by you or are primarily formed to receive your candidacy.		OFFICE GOODIN ON NEED			
COMMITTEE NAME	I.D. NUMBER					
	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand	lidate/Offic	eholder Committee	List names of
NAME OF TREASURER	YES NO		officeholder(s) or candidate(s)) for which thi	s committee is primarily to	mea.
COMMITTEE ADDRESS STREET ADDRESS (NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELD	
CITY	ZIF CODE AREA CODET HORE		NAME OF OFFICEROLDER OR C	ANDIDATE	OFFICE GOODIN ON MEET	
						SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELL	OPPOSE
COMMITTEE NAME NAME OF TREASURER	I.D. NUMBER CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?					U SUPPORT U SUPPORT U OPPOSE
	CONTROLLED COMMITTEE?					SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/2007 CALIFORNIA 460 FORM L2/31/2007 Page 3 of 15

SEE INSTRUCTIONS ON REVERSE

through 12/31/2007 Page 3 of 15

I.D. NUMBER

841705

Commillee To Elect John Meil	m	~W)			011700
Contributions Received		Column A TOTAL THIS PERIOD FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE 50,064,00	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	0	\$ \$	50,064.00 50,064.00	1/1 through 6/30 7/1 to Date 20. Contributions
Expenditures Made 6. Payments Made	\$	44,077.66	\$ \$	114, 242,06 950,08	(mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$	2,741.60 44,077.66 386.96	ar fr re C fig sp th fo c fr	o calculate Column B, add mounts in Column A to the orresponding amounts om Column B of your last eport. Some amounts in column A may be negative gures that should be ubtracted from previous eriod amounts. If this is ne first report being filed or this calendar year, only arry over the amounts om Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.
18. Cash Equivalents		\wedge	Secretarion Secretarios de la Company		FPPC Form 460 (January/0 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-377

Schedule A **Monetary Contributions Received**

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

Statement covers period **CALIFORNIA** 12007 FORM

SCHEDULE A

through 12/31/2007 Page SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER Committee to Blect John Heilman PER ELECTION **CUMULATIVE TO DATE** AMOUNT IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR TO DATE RECEIVED THIS CALENDAR YEAR DATE OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I D. NUMBER) CODE * (IF REQUIRED) PERIOD RECEIVED (IF SELF-EMPLOYED, ENTER NAME (JAN. 1 - DEC. 31) OF BUSINESS) COM □ OTH ☐ PTY □scc □IND □ COM ПОТН ☐ PTY □scc ПСОМ ПОТН □ PTY □scc ПСОМ ПОТН **□PTY** SCC □сом Потн □ PTY □scc SUBTOTAL\$ *Contributor Codes **Schedule A Summary** IND - Individual 1. Amount received this period – itemized monetary contributions. COM - Recipient Committee (Include all Schedule A subtotals.) (other than PTY or SCC) OTH - Other (e.g., business entity) 2. Amount received this period – unitemized monetary contributions of less than \$100\$ PTY - Political Party SCC - Small Contributor Committee 3. Total monetary contributions received this period.

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7 / 1 / 2007

through 1 2 / 3 1 / 2007

Page 5 of 15

I.D. NUMBER

NAME OF FILER	1				•	IMBER
Com	mittee to Bleet John Heilman	1				341705
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTALS	\bigcirc		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY -- Political Party

SCC – Small Contributor Committee

Sc	he	dule	B-	Part	1
10	and	RA	ceiv	ed	

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

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

SCF		11 1	- n	_	۸D	т.
SUL	ายมเ	ノレロ	= 0		ᄶᅑ	

Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars. Statement covers period from 7 / 1 / 2007					CALIFORNIA FORM	460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER COMMITTEE TO Bleet	John Heilman)			through 12/2	1/2007	Page I.D. NUMBER 8417	of 15 705
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
John Heilman 1155 La Gienega #1202 West Hollywoodgoogg	Portocco	, 34, 200	sO	\$ 34, 200	DATE DUE	%	S VALOTUS DATE INCURRED	\$ PER ELECTION** \$
†□ IND □ COM □ OTH □ PTY □ SCC		\$	s	\$ FORGIVEN	DATE DUE	% RATE	\$DATE INCURRED	\$ PER ELECTION **
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	PAID S FORGIVEN S	\$	% RATE	\$DATE INCURRED	\$ PER ELECTION **
- IND COM COM CITY COS		SUBTOTALS \$	0 9	34,200	\$ 0			
Schedule B Summary 1. Loans received this period	of less than \$100.)				0	11	Contributor Codes ND – Individual COM – Recipient Cor	
(Total Column (c) plus loans under \$100 (Include loans paid by a third party that 3. Net change this period. (Subtract Line Enter the net here and on the Summary	paid or forgiven.) are also itemized on Sched 2 from Line 1.)	ule A.)			34, 200, 00 (May be a negative number)	P	(other than F OTH – Other (e.g., l PTY – Political Party SCC – Small Contrib	business entity)

S	che	dule	B –	Part	2
ı	nan	Gua	rant	ors	

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE B-PART 2 Statement covers period **CALIFORNIA** 7/1/2007 **FORM** through .

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER 11 11

Committee to Bleet JE	hn Hei	/man	·		841	105
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND		LENDER		CALENDAR YEAR	
	COM				·	
	□отн		DATE		PER ELECTION (IF REQUIRED)	
	 □PTY				(II NEGONED)	
	□scc				s	
			,		CALENDAR YEAR	
	□IND		LENDER			
	□сом				PER ELECTION	
	□отн		` DATE		(IF REQUIRED)	
	PTY					
	□scc				<u> </u>	
					CALENDAR YEAR	
	☐IND ☐COM		LENDER		s	
	□ OTH				PER ELECTION (IF REQUIRED)	
	□PTY		DATE		,	
	□scc				3	
			LENDER		CALENDAR YEAR	
	□IND		LENDER		\$	
	COM				PER ELECTION	
	□отн		DATE		(IF REQUIRED)	
3	□ PTY				_	
	□scc				\$	
			SUBTOTAL	\$ 3	Enter on Summary Page, Line 17 only.	0
					LINE IN CHINA	

Schedule C **Nonmonetary Contributions Received**

3. Total nonmonetary contributions received this period.

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

SCHEDULE C Statement covers period **CALIFORNIA FORM** I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Bleet John Heilman CUMULATIVE TO AMOUNT/ PER ELECTION IF AN INDIVIDUAL, ENTER DATE **DESCRIPTION OF** FULL NAME, STREET ADDRESS AND CONTRIBUTOR FAIR MARKET TO DATE OCCUPATION AND EMPLOYER DATE CALENDAR YEAR ZIP CODE OF CONTRIBUTOR GOODS OR SERVICES CODE * VALUE (IF REQUIRED) (IF SELF-EMPLOYED, ENTER RECEIVED (JAN 1 - DEC 31) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) □COM **□OTH** □PTY □SCC COM □ OTH **□PTY** □SCC □ COM □ OTH PTY □SCC □ COM □OTH PTY □SCC **SUBTOTAL \$** Attach additional information on appropriately labeled continuation sheets. *Contributor Codes **Schedule C Summary** IND - Individual 1. Amount received this period – itemized nonmonetary contributions. COM - Recipient Committee (Include all Schedule C subtotals.)\$ (other than PTY or SCC) OTH - Other (e.g., business entity) 2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ PTY - Political Party SCC - Small Contributor Committee

> FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.

Amounts may be rounded

to whole dollars.

Statement covers period from 7/1/2007 CALIFORNIA 460 through 12/31/2007 Page 9 of 15

SEE INSTRUCTION	S ON REVERSE			through 12/3/	1207	Page	9_ of 15_
NAME OF FILER	mmittee to Blect John Hei	Iman				84	11705
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DE	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
12/10/07	Hillan, Clinton for President Merritield, 8 A 22116-9965 Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		1000.00	1000,	00	1000.00
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
		<u> </u>	SUBTOTAL	s 0			
Schedule D) Summary						10000

Schedule D Summary	10000
1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	1000.0
2. Unitemized contributions and independent expenditures made this period of under \$100\$	
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	1000.0

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

MBR member communications

MTG meetings and appearances

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

Statement covers period from 7/1/2007 CALIFORNIA 460 FORM 12/31/2007 Page 10 of 15

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphernalia/misc.

CNS campaign consultants

NAME OF FILER

Committee to Elect John Heilman

841705

RAD radio airtime and production costs

returned contributions

CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	POS postage, del	nses lating	TRC candidate travel, TRS staff/spouse trave ervices TSF transfer between ting) VOT voter registration	s' salaries ne and production costs lodging, and meals el, lodging, and meals committees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Amlescete Consulting 1901 Avenue of The Stars Los Angelos, CA 90069		FNO		5870.09
Duorskaya School 1317 N. Crescent Hts West Hollywood CA 90046		RFD		500.00
Challenge Graphics 14611 Roscoe Chare Blvd. North Hills, CA 91343		FND	•	2598.00
* Payments that are contributions or independent expenditures	must also be summ	narized on Schedule D).	SUBTOTAL\$ 8968,09
Schedule E Summary 1. Itemized payments made this period. (Include all Schedul 2. Unitemized payments made this period of under \$100 3. Total interest paid this period on loans. (Enter amount from 4. Total payments made this period. (Add Lines 1, 2, and 3.	m Schodule R. Part	1. Column (e))		\$\$
· ·				EDDO F 460 (lanuar/05)

Schedule E (Continuation Sheet) **Payments Made**

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

MBR member communications

petition circulating

OFC office expenses

phone banks

PHO

MTG meetings and appearances

POL polling and survey research

POS postage, delivery and messenger services

Statement covers period **CALIFORNIA FORM** Page.

I.D. NUMBER

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)*

candidate filing/ballot fees

CNS campaign consultants

fundraising events

CVC civic donations

FIL

NAME OF FILER

Committee to Blect John Heilman

independent expenditure supporting/opposing others (explain)*

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

radio airtime and production costs RAD returned contributions RFD

SAL campaign workers' salaries t.v. or cable airtime and production costs TEL

candidate travel, lodging, and meals TRC staff/spouse travel, lodging, and meals TRS

transfer between committees of the same candidate/sponsor TSF

	ge, delivery and messerig ssional services (legal, ad ads		(internet, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
John Heilman 1155 La Gienega #1202 West Hollywood, CA 90069	OFC		804.63
John Heilman 1155 La Cienesa # 1202 West Hellywood, CA 90069		repayment of ortstandi loan	ng 34,200.00
Monica Morant c/o AIDS Moratron 3550 Wilshire Blud Stz 690 LOS Angeles Hilton Hote New Orleans		photography	250.00
1001 S. Peters St. Nam Orleans, LA 70130	TRC	Marional League of Cities Confe	825.99
Hillary Clinton for Prosident	CTB		1000.00
		eul	PTOTAL & ST ACO CO

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/2007 through 12/31/2007

CALIFORNIA 460

Page 12 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to flect John Heilman

841705

I.D. NUMBER

Commillee 10 sect John 1	1011110M				115
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CNS contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication meetings and appeara OFC office expenses PET petition circulating phone banks POL polling and survey res postage, delivery and professional services print ads	ns nces earch messenger services	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwe VOT voter registrati	nd production costs ibutions kers' salaries time and production costel, lodging, and meals avel, lodging, and meals en committees of the sa	me candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$	\$	5 0
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized	Schedule F, Column (b) su accrued expenses under	ubtotals for \$100.)	INCL	JRRED TOTALS \$ _	0
Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized	edule F. Column (c) subto	itals for payments or	n		0
Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here an	d			May be a negative number
					Form 460 (January/05)

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 7 / 1 / 200 7 through 12/31/2007

CALIFORNIA 460

Page 13 of 15

I.D. NUMBER

841705

SEE INSTRUCTIONS ON REVERSE		
Committee to	Bleet John Hei	Imah

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CO	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise	e, describe the payment.
CMP CNS CTB	DES: If one of the following codes accurately describe campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*	MBR MTG OFC PET PHO POL POS	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services	RAD RFD SAL TEL TRC TRS TSF	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor
leg Lit	legal defense campaign literature and mailings		professional services (legal, accounting) print ads		voter registration information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
		_		
		<u> </u>		
•				

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Attach additional information on appropriately labeled continuation sheets.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

TOTAL* \$

Schedule H Loans Made to Others* SEE INSTRUCTIONS ON REVERSE		Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period from 7 / 1 / 200 7 through 12 / 31 / 200	
NAME OF FILER Committee to Elec	t John Heilmo	m				
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IE COMMITTEE ALSO ENTER ID NUMBER)	IE AN INDIVIDUAL ENTER	(a) OUTSTANDING BALANCE BEGINNING THIS	(b) AMOUNT LOANED THIS	(c) REPAYMENT OR FORGIVENESS	OUTSTANDING BALANCE AT CLOSE OF THIS	(e) INTERE RECEIV

(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

I.D. NUMBER 841705 (e) CUMULATIVE INTEREST ORIGINAL AMOUNT REPAYMENT OR BALANCE AT LOANS RECEIVED **AMOUNT OF** LOANED THIS **FORGIVENESS** CLOSE OF THIS PERIOD TO DATE LOAN PERIOD THIS PERIOD* CALENDAR YEAR ☐ PAID RATE PER ELECTION** FORGIVEN DATE DUE DATE INCURRED CALENDAR YEAR ☐ PAID RATE PER ELECTION** FORGIVEN DATE INCURRED DATE DUE

2007

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must \$ SUBTOTALS \$ also be reported on Schedule E.

PERIOD

(Enter (e) on Schedule I, Line 3)

Schedule H Summary			
Loans made this period	\$	<u>U</u>	**If Required
2. Payments received on loans	\$_		
(Total Column (c) plus unitemized payments of less than \$100.) 3. Net change this period. (Subtract Line 2 from Line 1.)	NET \$	0_	
(Enter the net here and on the Summary Page, Column A, Line 7.)	······································	May be a negative number)	

SCHEDULE H

CALIFORNIA

FORM

Schedule I			
Miscellaneous	Increases	to	Cash

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

SCHEDULE I CALIFORNIA FORM Statement covers period 7/1/2007

		from/	112001	
		through 12	131/2007	Page 15 of 15
SEE INSTRUCTIONS ON REVE	RSE			I.D. NUMBER
NAME OF FILER	mittee to Blect John Heilman			841705
DATE	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I D. NUMBER)	DESCRIPTION OF RE	CEIPT	AMOUNT OF INCREASE TO CASH
RECEIVED	(IF COMMITTEE, ACCOUNTED TO MAINTEN,			
				•
	·			
Attach additional info	ormation on appropriately labeled continuation sheets.		SUBTOTAL	\$ 0
Schodule I Sumn	narv		0	
1 Itemized increase	s to cash this period		\$ - INGENTARY	NA BETO D 2701 (A
2. Unitomized incres	sees to cash of under \$100 this period	***************************************	. 5	2/71,60
3 Total of all interes	t received this period on loans made to others. (Schedule \sqcap, \circ	Joidinii (e).)	•	
		er here and on the	LEO EN	CRESCO 2741, 60
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 6. 2.116) TOTAL \$ Summary Page, Line 14.)				FPPC Form 460 (January/05)