COVER PAGE **Recipient Committee** Date Stamp CALIFORNIA Campaign Statement **FORM Cover Page** RECEIVED Page. Date of election if applicable: Statement covers period (Month, Day, Year) For Official Use Only from July 1, 2020 SEP 22 2020 November 3, 2020 through September 19, 2020 CITY CLERK SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement State Candidate Election Committee Semi-annual Statement Special Odd-Year Report Committee Termination Statement O Recall O Controlled (Also file a Form 410 Termination) (Also Complete Part 5) O Sponsored Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1424192 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER

Healy for City Council 2020 Michael T. Healy MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY Petaluma CITY STATE ZIP CODE AREA CODE/PHONE Petaluma CA 94952 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Michael T. Healy

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Petaluma CA 94952

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 and in the attached schedules 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

dide policity of poljury under the laws of the otate of	callering that the foregoing is the and correct	
Executed on September 21, 2020	Ву	Make a black of the Control of the C
Executed on September 1, 2020	BySignature of Controlling Offi	ole Officer of Sponsor
Executed on	BySignature of Controlling Officehold	der, Candidate, State Measure Proponent
Executed on	BySignature of Controlling Officehole	der, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

COVERPA	GE - PART Z
CALIFORNIA FORM	460

Page ____ of ____

Officeholder or Candidate Control	lled Committee		6.	Primarily Formed Ballot	Measure Co	ommittee	
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
Michael T. Healy							
OFFICE SOUGHT OR HELD (INCLUDE LOCATI	ON AND DISTRICT NUMBE	R IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Petaluma City Council					*		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. ANI	D STREET) CITY Petaluma	STATE ZIP CA 94952		Identify the controlling officeh	older, candida	te, or state measure p	proponent, if any.
	1 etaiuilia	CA 34332		NAME OF OFFICEHOLDER, CAN	DIDATE, OR PRO	OPONENT	
Related Committees Not Included not included in this statement that are controcontributions or make expenditures on behalf	olled by you or are primari			OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMB	ER					
			7	Primarily Formed Candi	data/Officat	alder Committee	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NAME OF TREASURER	CONTROL	LED COMMITTEE?	<i>l</i> .	officeholder(s) or candidate(s) f	or which this co	ommittee is primarily fo	rmed.
	☐ YES	□ №		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR H	EID
COMMITTEE ADDRESS STREET ADDR	ESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE GOOGHT ONT	SUPPORT OPPOSE
CITY ST.	ATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR H	ELD ☐ SUPPORT ☐ OPPOSE
COMMITTEE NAME	I.D. NUMB	ER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR H	FLD
				WINE OF OFFICEROLDER ON O	, 1113137112	011102 0000111 01111	SUPPORT OPPOSE
NAME OF TREASURER		LED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT
COMMITTEE ADDRESS STREET ADDR	ESS (NO P.O. BOX)	□ NO					☐ OPPOSE
OTREET ADDR	200 (110 1.0. 00//)						
CITY ST.	ATE ZIP CODE	AREA CODE/PHONE		Atta	h continuation	sheets if necessary	
				Allac	ii commualion	anecia ii necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM from July 1, 2020 through September 19, 2020 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Healy for City Council 2020 1424192

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	**Example 1.00	**Column B	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 \$ \$
Expenditures Made 6. Payments Made	\$\\\\\ 3,361.33\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$\frac{3,852.95}{0}\$ \$\frac{3,852.95}{0}\$ \[\begin{array}{c} 0 & \\ 0 & \\ 3,852.95 \end{array}\$ \$\frac{3,852.95}{0}\$ \[\begin{array}{c} \text{3,852.95} & \text{3,852.95} & \text{3,852.95} & \text{3,852.95} & \text{3,852.95} & \text{3,852.95} & \text{3,852.95} \end{array}\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$\frac{5,761.10}{4,775.00} \\ \tau \\	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule Monetary	e A y Contributions Received		nts may be rounded o whole dollars.	Statement covers period from July 1, 2020		california 460	
SEE INSTRUCT	IONS ON REVERSE			through September	er 19, 2020	Page	4_of_9
NAME OF FILER Healy for Cir	र ity Council 2020					I.D. NU 142419	umber 92
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
7/13/20	Jennifer Coombs Wndsor, CA 95492	☑IND □COM □OTH □PTY □SCC	homemaker	\$200.00			
7/20/20	Gregory Colvin Petaluma, CA 94952	☑ IND □ COM □ OTH □ PTY □ SCC	retired	\$200.00			
7/25/20	Casa Grande Petaluma LP Pleasant Hill, CA 94523	□ IND □ COM ☑ OTH □ PTY □ SCC		\$200.00			
7/25/20	Irv Piotrkowski Petaluma, CA 94952	☑IND □COM □OTH □PTY □SCC	attorney, self-employed	\$100.00			
7/31/20	Natalie Balfour Windsor, CA 95492	☑ IND □ COM □ OTH □ PTY □ SCC	asset manager, Airport Business Center	\$200.00			
			SUBTOTAL	\$ 900.00			
1. Amount re (Include a	A Summary eceived this period – itemized monetary contributions all Schedule A subtotals.)eceived this period – unitemized monetary contributions		\$	775.00	IND - COM OTH	(other	ual bient Committee r than PTY or SCC) (e.g., business entity)

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$ 4,775.00

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA /

Statement covers period

				from July 1, 2020		FC	RM 400
NAME OF FILER	y Council 2020			through September	er 19, 2020	Page	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	O DATE ŒAR	PER ELECTION TO DATE (IF REQUIRED)
8/3/20	DeNova Homes, Inc. Concord, CA 94520	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		\$200.00		,	
8/5/20	Ray Allena Petaluma, CA 94954	☑IND □COM □OTH □PTY □SCC	retired	\$200.00			
8/5/20	Ronald Malnati Petaluma, CA 94954	☑IND □COM □OTH □PTY □SCC	retired	\$200.00			•
8/6/20	William White Sausalito, CA 94965	☑IND □COM □OTH □PTY □SCC	retired	\$200.00			
8/6/20	Patricia White Sausalito, CA 94965	☑IND □COM □OTH □PTY □SCC	retired	\$200.00			

SUBTOTAL \$ 1,000.00

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

				from July 1, 2020		FC	ORM 400
				through Septemb	er 19, 2020	Page _	
NAME OF FILER	C Hoose					I.D. NU	
Healy for Cit	y Council 2020					142419	12
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR Y (JAN. 1 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)
8/6/20	Ed Novak Livermore, CA 94550	ØIND □COM □OTH □PTY □SCC	architect, self-employed	\$200.00			
8/8/20	Cynthia Murray Petaluma, CA 94952	☑ IND □ COM □ OTH □ PTY □ SCC	CEO, North Bay Leadership Council	\$200.00			
8/8/20	Daniel Aguilar Petaluma, CA 94952	☑ IND □ COM □ OTH □ PTY □ SCC	partner, McKinley Partners	\$200.00			
8/8/20	Gerald Balfour Windsor, CA 95492	☑ IND □ COM □ OTH □ PTY □ SCC	pro shop, Windsor Golf Club	\$200.00			
8/10/20	Yan Tomimoto Danville, CA 95406	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	accountant, self-employed	\$200.00			
	SUBTOTAL \$ 1,000.00						

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

				from July 1, 2020		FC	ORM 400
NAME OF FILER Healy for Cit	ty Council 2020			through Septemb	er 19, 2020	Page	MBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR Y	O DATE CEAR	PER ELECTION TO DATE (IF REQUIRED)
8/10/20	Steven Lafranchi Petaluma, CA 94952	☑IND □COM □OTH □PTY □SCC	civil engineer, self-employed	\$200.00			
8/15/20	Natasha Nicholson Petaluma, CA 94952	☑ IND □ COM □ OTH □ PTY □ SCC	homemaker	\$200.00	·		
8/20/20	Peter Hellmann Clayton, CA 94517	☑ IND □ COM □ OTH □ PTY □ SCC	real estate, self-employed	\$200.00			
8/20/20	Linda Volz Hebert Pleasanton, CA 94566	☑IND □COM □OTH □PTY □SCC	sales & marketing, self-employed	\$200.00			
8/31/20	Martin J. Bennett Sonoma, CA 95476	☑ IND □ COM □ OTH □ PTY □ SCC	retired	\$200.00			
			SUBTOTAL	\$ 1,000.00			

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole (dollars.	Statement covers period from July 1, 2020		FORM 460	
				through Septemb	er 19, 2020	Page _	8 of 9
Healy for Ci	ty Council 2020					1.D. NUI 142192	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \ (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
9/11/20	California Real Estate PAC Los Angeles, CA 90071 ID # 890106	□IND ☑ COM □ OTH □ PTY □ SCC		\$200.00			
9/14/20	Midstate Construction Petaluma, CA 94954	□IND □COM ☑OTH □PTY □SCC		\$200.00			
9/14/20	ICON General Contractors, Inc. Rancho Cordova, CA 95472	☐ IND ☐ COM Ø OTH ☐ PTY ☐ SCC		\$200.00			
9/16/20	ATM Engineering Folsom, CA 95630	□IND □ COM ☑ OTH □ PTY □ SCC		\$200.00			,
9/18/20	Karren Bell Newman Petaluma, CA 94952	☑IND □COM □OTH □PTY □SCC	real estate broker, Re/Max	75.00			
			SUBTOTAL	\$ 875.00			

*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

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period **CALIFORNIA FORM** July 1, 2020 from through September 19, 2020 I.D. NUMBER

1424192

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Healy for City Council 2020

CODES: If one of the following codes 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 candidate filing/ballot fees PHO phone banks TRC

FND fundraising events IND

independent expenditure supporting/opposing others (explain)*

LEG legal defense

campaign literature and mailings

POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads

t.v. or cable airtime and production costs

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

transfer between committees of the same candidate/sponsor TSF

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Quality Printing Services, Inc. 90 Sycamore Lane Petaluma, CA 94952		yard signs	1,266.53
City of Petaluma 11 English Street Petaluma, CA 94952		ballot statement	1,528.00
Printmarket Solutions 5733 Evening Way Santa Rosa, CA 95409		large signs	566.80

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

SUBTOTAL \$ 3,361.33

Schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.)	3,361.33
2. Unitemized payments made this period of under \$100\$	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	. 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	