Statement of Organization
Recipient Committee

Statement Type: [ ] Initial  [ ] Amendment  [ ] Termination – See Part 5

- [ ] Not yet qualified
- [ ] Date qualification threshold met

Date qualification threshold met: 12 / 30 / 2019
Date of termination: __/__/__

1. Committee Information
   NAME OF COMMITTEE: Healy for City Council 2020
   STREET ADDRESS (NO P.O. BOX): Petaluma, CA 94952
   CITY: Petaluma
   STATE: CA
   ZIP CODE: 94952
   AREA CODE/PHONE: __-__-____

2. Treasurer and Other Principal Officers
   NAME OF TREASURER: Michael T. Healy
   STREET ADDRESS (NO P.O. BOX): Petaluma, CA 94952
   CITY: Petaluma
   STATE: CA
   ZIP CODE: 94952
   AREA CODE/PHONE: __-__-____

   NAME OF ASSISTANT TREASURER, IF ANY
   STREET ADDRESS (NO P.O. BOX):
   CITY:
   STATE:
   ZIP CODE:
   AREA CODE/PHONE:

   NAME OF PRINCIPAL OFFICER(S)
   STREET ADDRESS (NO P.O. BOX):
   CITY:
   STATE:
   ZIP CODE:
   AREA CODE/PHONE:

   COUNTY OF DOMICILE: Sonoma
   JURISDICTION WHERE COMMITTEE IS ACTIVE: City of Petaluma

   Full mailing address (if different): Petaluma, CA 94952
   Email address (required)/Fax (optional):

   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: 01/07/2020
By: [Signature]

Executed on: 01/07/2020
By: [Signature]

Executed on: [Date]
By: [Signature]

Executed on: [Date]
By: [Signature]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Healy for City Council 2010

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION
Exchange Bank

ADDRESS
2 East Washington Street

CITY
Petaluma

STATE
CA

ZIP CODE
94952

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.

- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating “No party preference” is acceptable.

- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Healy Petaluma City Councilmember</td>
<td></td>
<td>2020</td>
<td>☑ Nonpartisan ☐ Partisan</td>
</tr>
</tbody>
</table>

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)
IF A RECALL, STATE “RECALL” IN FRONT OF THE OFFICEHOLDER’S NAME.

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

SUPPORT ☐ OPPPOSE ☐

SUPPORT ☐ OPPPOSE ☐

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**Statement of Organization**
**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**
Healy for City Council 2010

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**4. Type of Committee** (Continued)

<table>
<thead>
<tr>
<th>General Purpose Committee</th>
<th>Not formed to support or oppose specific candidates or measures in a single election. Check only one box:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY Committee</td>
<td>COUNTY Committee</td>
</tr>
<tr>
<td>STATE Committee</td>
<td></td>
</tr>
</tbody>
</table>

**Provide Brief Description of Activity**

**Sponsored Committee**
List additional sponsors on an attachment.

**NAME OF SPONSOR**

**INDUSTRY GROUP OR AFFILIATION OF SPONSOR**

**STREET ADDRESS**

**NO. AND STREET**

**CITY**

**STATE**

**ZIP CODE**

**AREA CODE/PHONE**

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**Small Contributor Committee**

☐ __/__/__

Date qualified

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**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  
  -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  
  -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.