Statement of Organization Recipient Committee

Statement Type  ☑ Initial  ☐ Amendment  ☐ Termination – See Part 5
Not yet qualified ☑ or

List I.D. number:

# __________________ # __________________
Date qualified as committee

Date qualified as committee (if applicable)

Date of Termination

1. Committee Information

NAME OF COMMITTEE
Healy for City Council 2016

STREET ADDRESS (NO P.O. BOX)

CITY       STATE       ZIP CODE       AREA CODE/PHONE
Petaluma    CA          94952

MAILING ADDRESS (IF DIFFERENT)

FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE
Sonoma

JURISDICTION WHERE COMMITTEE IS ACTIVE
Petaluma

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Michael T. Healy

STREET ADDRESS (NO P.O. BOX)

CITY       STATE       ZIP CODE       AREA CODE/PHONE
Petaluma    CA          94952

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

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 05/18/2016  By [Signature]

Executed on 05/18/2016  By [Signature]

Executed on  [Signature]

Executed on  [Signature]

FPCC Form 410 (Jan/2016)
FPCC Advice: advice@fpcc.ca.gov (866/275-3772)
www.fpcc.ca.gov
Healy for City Council 2016

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exchange Bank</td>
<td>(707)524-3000</td>
<td>1110053301</td>
</tr>
</tbody>
</table>

2 East Washington Street
Petaluma
CA
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."

- 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 PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
</table>
| Mike Healy                                           | Petaluma City Councilmember                                              | 2016             | ☑ Nonpartisan

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

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. Type of Committee (Continued)

**General Purpose Committee** Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
- [ ] CITY Committee  [ ] COUNTY Committee  [ ] STATE Committee

**Provide Brief Description of Activity**

<table>
<thead>
<tr>
<th>Sponsored Committee</th>
<th>List additional sponsors on an attachment.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NAME OF SPONSOR</strong></td>
<td><strong>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</strong></td>
</tr>
<tr>
<td><strong>STREET ADDRESS</strong></td>
<td><strong>CITY</strong></td>
</tr>
</tbody>
</table>

| Small Contributor Committee | [ ] [ ] Date qualified |

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.