

RECEIVED

FEB 08 2016

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
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Check One: Initial Amendment (Explain) CITY CLERK

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Healy, Michael T. DAYTIME TELEPHONE NUMBER _____ FAX NUMBER (optional) () E-MAIL (optional) _____

STREET ADDRESS _____ CITY Petaluma STATE CA ZIP CODE 94952

OFFICE SOUGHT (POSITION TITLE) Councilmember AGENCY NAME City of Petaluma DISTRICT NUMBER, if applicable. _____ NON-PARTISAN PARTY: _____

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ 2016 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Year of Election) **Primary/general election** _____
(Year of Election) **Special/runoff election**

(Check one box)

- I accept the voluntary expenditure ceiling for the election stated above.
- I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

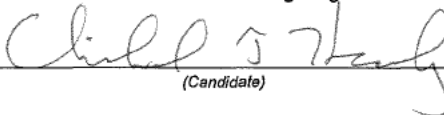
(Mark if applicable)

On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on February 8, 2016
(month, day, year)

Signature 
(Candidate)