

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

Date Stamp <b>RECEIVED</b> OCT - 5 2016 CITY OF HEALDSBURG		CALIFORNIA FORM <b>460</b>	
Page	1 of 7		
For Official Use Only			

Statement covers period  
from 09/25/2016  
through 09/30/2016

Date of Election if applicable  
11/08/2016  
(Month, Day, Year)

**1. Type of Recipient Committee**

- |   |   |
|---|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input checked="" type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="radio"/> State Candidate Election Committee              | <input checked="" type="checkbox"/> Controlled                                |
| <input type="radio"/> Recall  | <input type="radio"/> Sponsored   |
| <input type="checkbox"/> General Purpose Committee                    | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee    |
| <input type="radio"/> Sponsored                                       |   |
| <input type="radio"/> Small Contributor Committee                     |   |
| <input type="radio"/> Political Party/Central Committee               |   |

**2. Type of Statement**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement                                   |
| <input type="checkbox"/> Semi-Annual Statement             | <input type="checkbox"/> Special Odd-Year Statement                            |
| <input type="checkbox"/> Termination Statement             | <input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment                         |  |

**3. Committee Information**

I.D. Number 1387552

COMMITTEE NAME  
Healdsburg Citizens for Responsible Growth - No on Measure R

STREET ADDRESS (NO PO BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED] [REDACTED] [REDACTED] [REDACTED]

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS  
[REDACTED]

**Treasurer(s)**

NAME OF TREASURER  
Robert Marker

STREET ADDRESS  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED] [REDACTED] [REDACTED] [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**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 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 10/05/2016 By Robert Marker  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10-5-2016 By [Signature]  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee  
Campaign Statement  
Cover Page - Part 2**

Statement covers period  
from 09/25/2016  
through 09/30/2016

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD ( INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS ( NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE ? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE STREET ADDRESS ( NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE ? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE STREET ADDRESS ( NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE  
Growth Regulation Ordinance

BALLOT NO. OR LETTER R	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER OR CANDIDATE OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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**7. Primarily Formed Candidate/Officeholder Committee**

*List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Campaign Disclosure Statement  
Summary Page**

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM <b>460</b>
from	09/25/2016	
through	09/30/2016	Page 3 of 7

NAME OF FILER Healdsburg Citizens for Responsible Growth - No on Measure R

I.D. NUMBER  
1387552

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Contributions Received</b>		
1. Monetary Contributions ..... Schedule A, Line 3	\$ 1,490.00	\$ 3,915.00
2. Loans Received ..... Schedule B, Line 3	0.00	28,500.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1+2	\$ 1,490.00	\$ 32,415.00
4. Nonmonetary Contributions ..... Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3+4	\$ 1,490.00	\$ 32,415.00

**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	\$ _____	\$ _____

<b>Expenditures Made</b>		
6. Payments Made ..... Schedule E, Line 4	\$ 0.00	\$ 23,940.03
7. Loans Made ..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6+7	\$ 0.00	\$ 23,940.03
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	0.00	2,000.00
10. Nonmonetary Adjustment ..... Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE ..... Add Lines 8+9+10	\$ 0.00	\$ 25,940.03

**Expenditure Limit Summary  
for State Candidates**

22. Cumulative Expenditures Made \*  
( If Subject to Voluntary Expenditure Limits)

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

\* Amounts in this Section may be different from amounts reported in Column B.

<b>Current Cash Statement</b>	
12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 6,984.97
13. Cash Receipts ..... Column A, Line 3 above	1,490.00
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	0.00
15. Cash Payments ..... Column A, Line 8 above	0.00
16. ENDING CASH BALANCE Add Lines 12+13+14, then subtract Line 15	\$ 8,474.97
17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0.00

<b>Cash Equivalents and Outstanding Debts</b>	
18. Cash Equivalents .....	\$ 0.00
19. Outstanding Debts. .... Add Lines 2+ Line 9 in Column B above	\$ 30,500.00

**Schedule A  
Monetary Contributions Received**

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1387552

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 OF BUSINESS)	AMOUNT RECEIVED	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/26/2016	Scott Landers [REDACTED]	IND	Instructional Design  Self-empl no sep business name	200.00	200.00	
09/26/2016	Jan Tolmasoff [REDACTED]	IND	Grower  Russian River Rose Co	200.00	200.00	
09/26/2016	Timothy Q. Unger [REDACTED]	IND	Retired  N.A.	1,000.00	1,000.00	

**SUBTOTAL \$** 1,400.00

**Schedule A Summary**

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals ) .....	\$	1,400.00
2. Amount received this period - unitemized .....	\$	90.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1) .....	<b>TOTAL \$</b>	<u>1,490.00</u>

\*\* Contributor Codes  
IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule B - Part 1  
Loans Received**

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NAME OF FILER Healdsburg Citizens for Responsible Growth - No on Measure R

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1387552

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(a)	(b)	(c)	(d)	(e)	(f)	(g)
		OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
James Winston [REDACTED] [REDACTED]	Retired  N.A.	500.00		<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	500.00	0.00	500.00	CALENDAR YEAR 28,500  PER ELECTION **
Contributor Code: IND					DUE DATE 12/31/2025	INTEREST RATE 0.00 %	DATE INCURRED 07/06/2016	
James Winston [REDACTED] [REDACTED]	Retired  N.A.	1,500.00		<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	1500.00	0.00	1,500.00	CALENDAR YEAR 28,500  PER ELECTION **
Contributor Code: IND					DUE DATE 12/31/2025	INTEREST RATE 0.00 %	DATE INCURRED 07/08/2016	
James Winston [REDACTED] [REDACTED]	Retired  N.A.	4,000.00		<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	4000.00	0.00	4,000.00	CALENDAR YEAR 28,500  PER ELECTION **
Contributor Code: IND					DUE DATE 12/31/2025	INTEREST RATE 0.00 %	DATE INCURRED 07/18/2016	

<b>SUBTOTALS \$</b>	(b) 0.00	(c) 0.00	(d) 6,000.00	(e) 0.00	
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**Schedule B Summary**

- Loans received this period  
(Total Column (b) plus unitemized loans of less than \$100.) ..... \$ 0.00
- Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** 0.00  
Enter the net here and on the Summary Page, Column A, Line 2.

**\*\* Contributor Codes**  
IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule B - Part 1 (Continued)**  
**Loans Received**

Statement covers period		CALIFORNIA FORM <b>460</b>
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through	09/30/2016	Page 6 of 7

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FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d)	(e)	(f)	(g)
					OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
James Winston [REDACTED] [REDACTED]	Retired  N.A.	1,500.00		<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	1500.00		1,500.00	CALENDAR YEAR 28,500 PER ELECTION **
Contributor Code: IND					DUE DATE 12/31/2025	INTEREST RATE 0.00 %	DATE INCURRED 08/03/2016	
James Winston [REDACTED] [REDACTED]	Retired  N.A.	10,000.00		<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	10000.00		10,000.00	CALENDAR YEAR 28,500 PER ELECTION **
Contributor Code: IND					DUE DATE 12/31/2025	INTEREST RATE 0.00 %	DATE INCURRED 08/09/2016	
James Winston [REDACTED] [REDACTED]	Retired  N.A.	11,000.00		<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	11000.00		11,000.00	CALENDAR YEAR 28,500 PER ELECTION **
Contributor Code: IND					DUE DATE 12/31/2025	INTEREST RATE 0.00 %	DATE INCURRED 08/28/2016	

<b>SUBTOTALS \$</b>	(b) 0.00	(c) 0.00	(d) 22,500.00	(e) 0.00
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\*\* Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

**Schedule F  
Accrued Expenses (Unpaid Bills)**

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from	09/25/2016	
through	09/30/2016	Page 7 of 7
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**CODES:** If one of the following 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                      | TEL t.v. or cable production costs                            |
| FIL candidate filing / ballot fees                      | PHO phone banks                               | TRC candidate travel, lodging and meals                       |
| FND fundraising expenses                                | POL polling and survey research               | TRS staff/spouse travel, lodging and meals                    |
| IND independent expenditures supporting/opposing others | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense                                       | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                    | PRT print ads                                 | WEB information technology costs (internet,e-mail)            |

NAME AND ADDRESS OF CREDITOR	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Sonoma County Conservation Action PAC [REDACTED]	Data processing and field canvass	2,000.00	0.00	0.00	2,000.00

**SUBTOTALS \$ 2,000.00 \$ 0.00 \$ 0.00 \$ 2,000.00**

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$ 0.00**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$ 0.00**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, column A, Line 9.) ..... **NET \$ 0.00**