

Postmarked 10/27/16

Recipient Committee Campaign Statement Cover Page

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
RECEIVED OCT 28 2016 CITY OF HEALDSBURG	
Page 1 of 12	For Official Use Only

Statement covers period from 10/01/2016 through 10/22/2016	Date of Election if applicable 11/08/2016 (Month, Day, Year)
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1. Type of Recipient Committee

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
 General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored
 Primarily Formed Candidate/Officeholder Committee

2. Type of Statement

Pre-election Statement
 Semi-Annual Statement
 Termination Statement
 Amendment

Quarterly Statement
 Special Odd-Year Statement
 Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. Number 1389479

COMMITTEE NAME
We R Healdsburg - Yes on Measure R

STREET ADDRESS (NO PO BOX)
[REDACTED]

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

MAILING ADDRESS (IF DIFFERENT)
[REDACTED]

CITY STATE ZIP CODE
[REDACTED] [REDACTED] [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

Treasurer(s)

NAME OF TREASURER
Rebecca Olson

STREET ADDRESS
[REDACTED]

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

NAME OF ASSISTANT TREASURER, IF ANY
Mark L Decker

STREET ADDRESS
[REDACTED]

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

OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

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 10/27/16 By _____
 Executed on _____ By _____
 Executed on _____ By _____
 Executed on _____ By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

Statement covers period
from 10/01/2016
through 10/22/2016

Page 2 of 12

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 _____

NAME OF TREASURER CONTROLLED COMMITTEE ?
 YES NO

COMMITTEE STREET ADDRESS (NO P.O. BOX) _____

CITY STATE ZIP CODE AREA CODE/PHONE _____

COMMITTEE NAME I.D. NUMBER _____

NAME OF TREASURER CONTROLLED COMMITTEE ?
 YES NO

COMMITTEE STREET ADDRESS (NO P.O. BOX) _____

CITY STATE ZIP CODE AREA CODE/PHONE _____

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE _____

Amendment to City Growth Management Plan

BALLOT NO. OR LETTER R	JURISDICTION City of Healdsburg	<input checked="" 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 _____

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
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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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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 460
from	10/01/2016	
through	10/22/2016	Page 3 of 12

NAME OF FILER **We R Healdsburg - Yes on Measure R**

I.D. NUMBER
1389479

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ 11,017.00	\$ 22,628.00
2. Loans Received <i>Schedule B, Line 3</i>	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ 11,017.00	\$ 22,628.00
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ 11,017.00	\$ 22,628.00

**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	\$ _____	\$ _____

	Column A	Column B
Expenditures Made		
6. Payments Made <i>Schedule E, Line 4</i>	\$ 10,882.70	\$ 17,712.35
7. Loans Made <i>Schedule H, Line 3</i>	0.00	0.00
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ 10,882.70	\$ 17,712.35
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	0.00	0.00
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	0.00	0.00
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ 10,882.70	\$ 17,712.35

**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.

Current Cash Statement	
12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ 4,781.35
13. Cash Receipts <i>Column A, Line 3 above</i>	11,017.00
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	0.00
15. Cash Payments <i>Column A, Line 8 above</i>	10,882.70
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 4,915.65
17. LOAN GUARANTEES RECEIVED. <i>Schedule B, Part 2</i>	\$ 0.00

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

**Schedule A
Monetary Contributions Received**

Statement covers period		CALIFORNIA FORM 460
from	10/01/2016	
through	10/22/2016	Page 4 of 12

NAME OF FILER We R Healdsburg - Yes on Measure R

I.D. NUMBER
1389479

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)
10/05/2016	Adeline Way Properties [REDACTED]	OTH		1,000.00	1,000.00	
10/11/2016	Atterbury & Associates Inc [REDACTED]	OTH		500.00	500.00	
10/05/2016	Bear Republic Brewing Co. Inc [REDACTED]	OTH		500.00	500.00	
10/17/2016	Christine Berardo [REDACTED]	IND	Retired N.A.	100.00	100.00	

SUBTOTAL \$ 2,100.00

Schedule A Summary

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals)	\$ 10,050.00
2. Amount received this period - unitemized	\$ 967.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1)	TOTAL \$ 11,017.00

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	10/01/2016	
through	10/22/2016	Page 5 of 12

NAME OF FILER We R Healdsburg - Yes on Measure R

I.D. NUMBER
1389479

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)
10/05/2016	Brush & Bernard CPA ██████████ ██████████	OTH		500.00	500.00	
10/21/2016	Richard Burg ██████████ ██████████	IND	Retired N.A.	150.00	150.00	
10/11/2016	Laurie Carvalho-Wood ██████████ ██████████	IND	Realtor Healdsburg Sotheby's International Realty	100.00	100.00	
10/05/2016	Costeaux ██████████ ██████████	OTH		500.00	500.00	

SUBTOTAL \$ 1,250.00

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	10/01/2016	
through	10/22/2016	Page 6 of 12

NAME OF FILER We R Healdsburg - Yes on Measure R

I.D. NUMBER
1389479

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)
10/05/2016	Mark Decker ██████████ ██████████, ██████████	IND	Retired N.A.	150.00	150.00	
10/05/2016	Double O Enterprises ██████████ ██████████, ██████████	OTH		1,000.00	1,000.00	
10/11/2016	Falcon Point Associates LLC ██████████ ██████████, ██████████	OTH		1,000.00	1,500.00	
10/05/2016	Falcon Point Associates LLC ██████████ ██████████, ██████████	OTH		500.00	1,500.00	

SUBTOTAL \$ 2,650.00

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Statement covers period		CALIFORNIA FORM 460
from	10/01/2016	
through	10/22/2016	Page 7 of 12

NAME OF FILER We R Healdsburg - Yes on Measure R

I.D. NUMBER
1389479

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)
10/11/2016	Holdredge Wines ██████████ ██████████	OTH		500.00	500.00	
10/11/2016	Hookston Associates LLC ██████████ ██████████	OTH		1,000.00	1,500.00	
10/05/2016	Hookston Associates LLC ██████████ ██████████	OTH		500.00	1,500.00	
10/11/2016	Philip Luks ██████████ ██████████	IND	Retired N.A.	400.00	400.00	

SUBTOTAL \$ 2,400.00

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	10/01/2016	
through	10/22/2016	Page 8 of 12

NAME OF FILER We R Healdsburg - Yes on Measure R

I.D. NUMBER
1389479

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)
10/11/2016	Redwood Moving and Storage ████████████████████ ████████████████████	OTH		1,000.00	1,000.00	
10/17/2016	Carol Ryan ████████████████████ ████████████████████	IND	Office Manager Rich Ryan Construction	350.00	350.00	
10/05/2016	The Morton Group Inc ████████████████████ ████████████████████	OTH		100.00	100.00	
10/17/2016	Tri Star Automotive ████████████████████ ████████████████████	OTH		200.00	200.00	

SUBTOTAL \$ 1,650.00

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

**Schedule E
Payments Made**

Statement covers period		CALIFORNIA FORM 460
from	10/01/2016	
through	10/22/2016	Page 9 of 12
NAME OF FILER We R Healdsburg - Yes on Measure R		I.D. NUMBER 1389479

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 PAYEE	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
AD-Vantage Marketing ██████████ ██████████	POS		258.74
AD-Vantage Marketing ██████████ ██████████		Printing	1,580.67
AD-Vantage Marketing ██████████ ██████████	POS		714.86
SUBTOTAL \$			2,554.27

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 10,763.85
2. Unitemized payments made this period of under \$100	\$ 118.85
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 10,882.70

Schedule E (Continuation Sheet)
Payments Made

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/01/2016	
through	10/22/2016	Page 10 of 12
NAME OF FILER We R Healdsburg - Yes on Measure R		I.D. NUMBER 1389479

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 PAYEE	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
AD-Vantage Marketing [REDACTED]		Printing	953.87
Healdsburg Chamber & Visitors Bureau [REDACTED]		Event Fee	150.00
Healdsburg Signs Inc [REDACTED]	CMP		1,261.50
Miller & Olson LLP [REDACTED]		Legal and Accounting Services	3,344.21
Sonoma West Publishers [REDACTED]	PRT		900.00

SUBTOTAL \$ 6,609.58

**Schedule E (Continuation Sheet)
Payments Made**

Statement covers period		CALIFORNIA FORM 460
from	10/01/2016	
through	10/22/2016	Page 11 of 12
NAME OF FILER We R Healdsburg - Yes on Measure R		I.D. NUMBER 1389479

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 PAYEE	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sonoma West Publishers ██████████ ██████████, ██████████	PRT		700.00
Sonoma West Publishers ██████████ ██████████, ██████████	PRT		900.00

SUBTOTAL \$ 1,600.00

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Statement covers period		CALIFORNIA FORM 460
from	10/01/2016	
through	10/22/2016	Page 12 of 12

NAME OF FILER We R Healdsburg - Yes on Measure R

I.D. NUMBER
1389479

NAME OF AGENT OR INDEPENDENT CONTRACTOR
AD-Vantage Marketing

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) |

* Payments that re contributions or independent expenditures are also summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR	CODE OR	DESCRIPTON OF PAYMENT	AMOUNT PAID
USPS - Santa Rosa ████████████████████ ████████████████████	POS		714.86

TOTAL \$ 714.86