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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
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NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Heath, Michael				
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
City of San Jacinto				
Division, Board, Department, District, if applicable	Your Position			
City Council	Councilmemb	per		
▶ If filing for multiple positions, list below or on an attachmen	it. (Do not use acronyms)			
Agency:	Position:			
2. Jurisdiction of Office (Check at least one box)				
☐ State	Judge, Retired (Statewide Jur		dge, or Court Commissioner	
Multi-County	•	,		
X City ofSan Jacinto				
3. Type of Statement (Check at least one box)				
Annual: The period covered is January 1, 2020 through December 31, 2020	gh Leaving Offic	ce: Date Left (Check	one circle)	
The period covered is/, the December 31, 2020	nrough Carried The period leaving off		1, 2020 through the date of	
X Assuming Office: Date assumed 10 / 19 / 2021	_	The period covered is/, through the date of leaving office.		
Candidate:Date of Election and off	ice sought, if different than Part 1:			
4. Schedule Summary (must complete) ► Tota	l number of pages including t	(his source none	. 1	
Schedules attached	I number of pages including t	inis cover page	: 	
Schedule A-1 - Investments – schedule attached	Schedule C - Incon	ne Loans & Rusine	ss Positions – schedule attached	
Schedule A-2 - Investments – schedule attached				
Schedule B - Real Property – schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached		
-or-	_		•	
■ None - No reportable interests on any schedu	ıle			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE	
595 S. San Jacinto Ave.	San Jacinto	CA	92583	
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(951) 487-7330	mheath@sanjacint		and a dec the information and it	
I have used all reasonable diligence in preparing this statemen herein and in any attached schedules is true and complete.		•	owledge the information contained	
I certify under penalty of perjury under the laws of the St	ate of California that the foregoing i	s true and correct.		
Date Signed	Signature Michael H	leath	the second state of the se	
(month, day, year)	(File t	ne originally signed paper st	atement with your filing official.)	