Statement of Organization
Recipient Committee

Statement Type

- Initial
- Amendment
- Termination - See Part 5

Recipient Committee

A6

Statement Type

- Initial
- Amendment
- Termination - See Part 5

Date qualified as committee

Date of termination

1. Committee Information
I.D. Number

NAME OF COMMITTEE

Rob Conklin for City Council 2018

STREET ADDRESS (NO P.O. BOX)

Petaluma

CITY

CA

STATE

94954

ZIP CODE

MAILING ADDRESS (IF DIFFERENT)

-None-

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

-None-

COUNTY OF DOMICILE

Sonoma

JURISDICTION WHERE COMMITTEE IS ACTIVE

Petaluma

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Darlene Conklin

STREET ADDRESS (NO P.O. BOX)

Petaluma

CITY

CA

STATE

94952

ZIP CODE

NAME OF ASSISTANT TREASURER, IF ANY

-None-

STREET ADDRESS (NO P.O. BOX)

CITY

STREET ADDRESS (NO P.O. BOX)

STATE

ZIP CODE

ZIP CODE

NAME OF PRINCIPAL OFFICER(S)

Robert L. Conklin

STREET ADDRESS (NO P.O. BOX)

Petaluma

CITY

CA

STATE

94954

ZIP CODE

ZIP CODE

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

May 25, 2018

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

May 25, 2018

DATE

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOSITION

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOSITION

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOSITION

FPPC Form 410 (February/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov
## Statement of Organization

**Recipient Committee**

### INSTRUCTIONS ON REVERSE

**Committee Name**
Rob Conklin for City Council 2018

- 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>Bank of America</td>
<td>(707)782-0666</td>
<td>325110624624</td>
</tr>
</tbody>
</table>

**Address**
181 N. McDowell Blvd.

**City**
Petaluma

**State**
CA

**Zip Code**
94954

### 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.” Stating “No party preference” is acceptable.

- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

#### 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</th>
<th>Candidate(s) Office Sought or Held or Measure(s) Jurisdiction</th>
<th>Check One</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert L. Conklin</td>
<td>Petaluma City Council</td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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