**Recipient Committee Campaign Statement Cover Page**

SEE INSTRUCTIONS ON REVERSE

1. **Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.
   - [x] Officeholder, Candidate Controlled Committee
     - [ ] State Candidate Election Committee
     - [ ] Recall (Also Complete Part 5)
   - [ ] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
   - [ ] Political Party/Central Committee
     - [ ] Sponsored (Also Complete Part 6)
     - [ ] Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. **Type of Statement:**
   - [x] Quarterly Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. **Committee Information**
   - **I.D. NUMBER**
     - Rob Conklin for City Council 2018
   - **STREET ADDRESS (NO P.O. BOX)**
     - Petaluma, CA 94954
   - **MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX**
     - Petaluma, CA 94954
   - **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 and in the attached schedules 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 July 28, 2018
   - By [Signature of Treasurer or Assistant Treasurer]
   - Executed on July 28, 2018
   - By [Signature of Controlling Officeholder, Candidate, Slate Measure Proponent or Responsible Officer of Sponsor]
   - Executed on [Date]
   - By [Signature of Controlling Officeholder, Candidate, State Measure Proponent]
   - Executed on [Date]
   - By [Signature of Controlling Officeholder, Candidate, State Measure Proponent]

**Date of election if applicable:**
- **Month, Day, Year:** November 6, 2018

**CITY CLERK**

**RECEIVED**
- **JUL 30 2018**
- **CALIFORNIA FORM 460**
- **Page 1 of 5**

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**FPPC Form 460 (Jan/2016)**

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

www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>Petaluma City Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert Conklin</td>
<td>Petaluma CA 94954</td>
</tr>
</tbody>
</table>

Residential/Business Address (No. and Street) City State Zip

Petaluma CA 94954

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>STATE ZIP CODE AREA CODE/PHONE</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
</table>

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

Attach continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL CONTRIBUTIONS RECEIVED</strong></td>
<td>$600</td>
<td>$600</td>
</tr>
</tbody>
</table>

**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**

<table>
<thead>
<tr>
<th></th>
<th>1/1 through 6/30</th>
<th>7/1 to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Contributions Received</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>21. Expenditures Made</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL EXPENDITURES MADE</strong></td>
<td>$346</td>
<td>$346</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ENDING CASH BALANCE</strong></td>
<td>$254</td>
</tr>
</tbody>
</table>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td>See instructions on reverse</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</td>
</tr>
</tbody>
</table>
Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from April 1, 2018
through June 30, 2018

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/30/18</td>
<td>Robert Conklin Jr., Darlene Conklin, Petaluma CA 94952</td>
<td>IND</td>
<td>Retired</td>
<td>400</td>
<td>400</td>
<td></td>
</tr>
<tr>
<td>5/30/18</td>
<td>Patricia Conklin, Petaluma CA 94952</td>
<td>IND</td>
<td>Retired</td>
<td>200</td>
<td>200</td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 600

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ................................................................. $ 600

2. Amount received this period – unitemized monetary contributions of less than $100 ................................................................. $

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ...................... TOTAL $ 600

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee
**Schedule E**

**Payments Made**

Amounts may be rounded to whole dollars.

Statement covers period from __________ through __________

CALIFORNIA FORM 460

Page __ of __

I.D. NUMBER

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**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers’ salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

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<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopter Media</td>
<td>PRO</td>
<td>Webpage Design</td>
<td>100</td>
</tr>
<tr>
<td>Petaluma CA 94952</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AN Innovation</td>
<td>CMP</td>
<td>Campaign Materials</td>
<td>246</td>
</tr>
<tr>
<td>El Cajon CA 92022</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Payments that are contributions or Independent expenditures must also be summarized on Schedule D.

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .......................................................... $ 346
2. Unitemized payments made this period of under $100.......................................................... $ 346
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .......................................................... $ 346
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ................. TOTAL $ 346

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