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COVER PAGE

**Recipient Committee
 Campaign Statement
 Cover Page**

Date Stamp	CALIFORNIA FORM 460
Page _____ of _____	
For Official Use Only	

Statement covers period from <u>July 11/2018</u> through <u>Sept 22/2018</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 6 2018</u>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small>

<input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small>

<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |
|---|---|

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement
<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small>
<input type="checkbox"/> Amendment (Explain below) | <input checked="" type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report |
|---|---|

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Rob Conklin for City Council

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Petaluma CA 94954

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Darlene Conklin

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Petaluma CA 94954

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

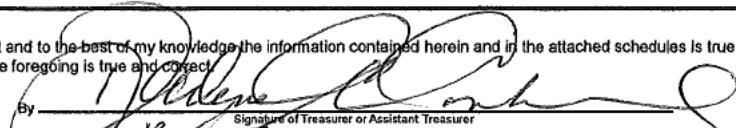
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/27/2018
Date

Executed on 9/27/2018
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Robert Conklin			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
Petaluma City Council			
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.*

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

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

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

Attach continuation sheets if necessary

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u>		CALIFORNIA FORM 460
Page _____ of _____		
I.D. NUMBER <u>1411739</u>		

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2018	Jolene Rossoti Petaluma CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
7/17/2018	Barbra Evans Petaluma, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	
7/17/2018	Bruce Evans Petaluma, CA 95952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	50.00	
7/17/2018	Christine Pedersen Petaluma CA. 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner / <i>Pedersen consulting</i>	200.00	200.00	
7/11/2018	Dave Corda Petaluma CA. 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales/John's Dairy	100.00	100.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 2168
- Amount received this period – unitemized monetary contributions of less than \$100\$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** 2168

*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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u>		CALIFORNIA FORM 460
Page _____ of _____		
NAME OF FILER		I.D. NUMBER <u>1411739</u>

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/15/2018	Kathy Corda Petaluma, CA 94954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Credit Manager/ Rafael Lumber	50.00	50.00	
9/6/2018	Brianna Byers Petaluma, CA 94954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marketing/Ramatci Ins	35.00	35.00	
9/21/2018	Harley King Petaluma, CA 94954	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

*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

7/1/2018 - 9/22/2018

#1411739

<u>Date</u>	<u>Name</u>	<u>Address</u>	<u>Code</u>	<u>Occupation / Employer</u>	<u>Contribution Amount</u>	<u>Contributions to Date</u>
7/13/2018	Ida Schwitters	Petaluma, CA 94952	IND	Community Outreach / Orchard Supply	\$25.00	\$25.00
7/15/2018	Christopher Henderson	Pacifica, CA 94044	IND	Driver Sales / Mike's Liquors	\$103.00	\$103.00
7/17/2018	Bruce Evans	Petaluma, CA 94952	IND	retired / retired	\$50.00	\$50.00
7/18/2018	Brandee Corda	Santa Rosa, CA 95407	IND	Office Manager / Moreda Valley Dairy	\$100.00	\$100.00
7/24/2018	Audrey Crandell	Santa Rosa, CA 95404	IND	Esthetician / Self	\$50.00	\$50.00
7/28/2018	Whitney Umno	Chicago, IL 60614	IND	retired / retired	\$200.00	\$200.00
8/12/2018	Debbie Barella	Petaluma, CA 94954	IND	retired / retired	\$25.00	\$25.00
8/12/2018	Jacob Powell	Petaluma, CA 94952	IND	Plumber / Plumber's Local 38	\$50.00	\$50.00
8/24/2018	Lonnie Raab	Petaluma, CA 94952	IND	retired / retired	\$25.00	\$25.00
9/6/2018	David Allen	Rohnert Park, CA 94928	IND	Contractor / Self	\$100.00	\$100.00
9/6/2018	John Jeff Mitchell	Petaluma, CA 94954	IND	Attorney / County of Sonoma	\$100.00	\$100.00
9/6/2018	Nate Martin	Petaluma, CA 94954	IND	Manager / Staples	\$45.00	\$45.00
9/6/2018	Glenn Rubenstein	Petaluma, CA 94954	IND	Advertising / ADOPTER Media	\$10.00	\$10.00
9/22/2018	Jeffrey Rubenstein	Rohnert Park, CA 94928	IND	Technician / Verizon	\$200.00	\$200.00
9/22/2018	Deb Kelly	Petaluma, CA 94954	IND	retired / retired	\$150.00	\$150.00
9/22/2018	Glenn Hinchee	Rohnert Park, CA 94928	IND	retired / retired	\$50.00	\$50.00

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>7/1/2018</u> through <u>9/22/2018</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

CODES: If one of the following codes 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 airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
A N INNOVATIONS EL CAJON CA 92022		Campaign materials	1050.00
City of Petaluma Petaluma CA 94952		candidate statement	1016.00
Secretary of state 1300 H STREET SACRAMENTO CA 95814		410 filing fee	50.00

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

SUBTOTAL \$ 2116.00