1. Statement Covers Calendar Year 2020

2. Officeholder or Candidate Information

   NAME OF OFFICEHOLDER OR CANDIDATE
   Robert CONKLIN

   STREET ADDRESS
   
   CITY
   Petaluma
   STATE
   CA
   ZIP CODE
   94954

3. Office Sought or Held

   OFFICE SOUGHT OR HELD
   Petaluma City Council member

   JURISDICTION (LOCATION)
   Petaluma

   DISTRICT NUMBER (IF APPLICABLE)
   

4. Committee Information

   List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

   COMMITTEE NAME AND I.D. NUMBER
   COMMITTEE ADDRESS
   NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than $2,000 and that I will spend less than $2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 8/7/2020

By [Signature]

OFFICEHOLDER OR CANDIDATE