Check One: Initial Amendment (Explain) JUL 0'7 2020 For Offide Use Only 1. Candidate Information: NAME OF CANDIDATE (aut. Frait Middle Issile) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional) STREET ADDRESS OTY STATE ZIP CODE OFFICE SOUGHT (POSITION TITLE) AGENOY NAME DISTRICT NUMBER, if applicable (in the plicable) MAIL (optional) City Council City of Petaluma N/A Pastry PREFERENCE: OFFICE JUNISIOTION (Mare of Multi-County): N/A Pastry PREFERENCE: City Council City of Petaluma N/A Pastry PREFERENCE: OFFICE JUNISIOTION (Mare of Multi-County): N/A Pastry PREFERENCE: City Council City of Petaluma N/A Pastry PREFERENCE: OFFICE JUNISIOTION (Mare of Multi-County): N/A Pastry Cablebale (in the plicable): State Candidate Expenditure Limit Statement: (Mare of Multi-County: (Mare of Multi-County): SPECIAL / RUNOFF 2. State Candidates, Judges,	Candidate Int	ention S	tatemer	nt			Date Sta RECE				
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Executed on June 29 2020 (month, day, year) Signature (Candidate) FPPC Form 501 (Au FPPC Advice: advice@fppc.ca.gov (866)	Executed on		tearain Webble Sinderse jaurean anna an an	Signature	(Candidate)	interlecture oppositely as we	: ۱ ۸ ۱			

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