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Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One: [X] Initial [ ] Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (optional)
Conklin, Robert L.
STREET ADDRESS CITY STATE ZIP CODE
Petaluma CA 94954
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. [X] NON-PARTISAN
Councilmember City of Petaluma
OFFICE JURISDICTION
[ ] State (Complete Part 2.)
[X] City [ ] County [ ] Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) 2018 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

\_\_\_\_\_(Year of Election) Primary/general election \_\_\_\_\_(Year of Election) Special/runoff election

(Check one box)

- [ ] I accept the voluntary expenditure ceiling for the election stated above.
[ ] I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

[ ] I did not exceed the expenditure ceiling in the primary or special election held on: \_\_\_\_/\_\_\_\_/\_\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

[ ] On \_\_\_\_/\_\_\_\_/\_\_\_\_, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on May 4, 2018 (month, day, year)

Signature [Handwritten Signature] (Candidate)