

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified or  Date qualified as committee 6/8/18 \_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date qualified as committee Date of termination

Date Stamp	<b>CALIFORNIA FORM 410</b>
<b>RECEIVED</b>	
JUN 12 2018 <u>CITY CLERK</u>	
For Official Use Only	

<b>1. Committee Information</b>	<b>2. Treasurer and Other Principal Officers</b>
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**I.D. Number** (if applicable) 1406602

NAME OF COMMITTEE  
Pocckay for Council 2018

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
Petaluma CA 94952

MAILING ADDRESS (IF DIFFERENT)  
Petaluma CA 94952

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
\_\_\_\_\_

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Sonoma Petaluma

NAME OF TREASURER  
Dennis Pocckay

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
Petaluma CA 94952

NAME OF ASSISTANT TREASURER, IF ANY  
Mark Reed

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
Petaluma CA 94952

NAME OF PRINCIPAL OFFICER(S)  
Julie Cleland

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
Petaluma CA 94952

Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 6/12/18 By Dennis Pocckay  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 6/12/18 By Dennis Pocckay  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
**Pocekay for Council 2018**

I.D. NUMBER  
**1406602**

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <b>Westamerica Bank</b>	AREA CODE/PHONE <b>707-769-5500</b>	BANK ACCOUNT NUMBER <b>0502981574</b>
ADDRESS <b>200 Washington St, Petaluma</b>	CITY <b>Petaluma</b>	STATE ZIP CODE <b>CA 94952</b>

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
<b>Dennis Pocekay</b>	<b>Petaluma City Council</b>	<b>2018</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

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COMMITTEE NAME

I.D. NUMBER

Pocekay for Council 2018

1406602

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

- CITY Committee
- COUNTY Committee
- STATE Committee
- Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

\_\_\_\_\_  
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officer/holder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
  - This committee does not anticipate receiving contributions or making expenditures in the future;
  - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - This committee has no surplus funds; and
  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 15521.5.

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