Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Not yet qualified
☐ Date qualification threshold met
☐ Amendment
☐ Date qualification threshold met
☒ Termination – See Part 5
☐ Date of termination

Date Stamp
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1. Committee Information
   I.D. Number
   (If applicable) 1406602
   NAME OF COMMITTEE
   Poeckay for Council 2018
   STREET ADDRESS (NO P.O. BOX)
   CITY Petaluma
   STATE CA
   ZIP CODE 94952
   AREA CODE/PHONE
   FULL MAILING ADDRESS (IF DIFFERENT)
   Petaluma CA 94952
   E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
   COUNTY OF DOMICILE Sonoma
   JURISDICTION WHERE COMMITTEE IS ACTIVE Petaluma

2. Treasurer and Other Principal Officers
   NAME OF TREASURER
   Dennis Poeckay
   STREET ADDRESS (NO P.O. BOX)
   CITY Petaluma
   STATE CA
   ZIP CODE 94952
   AREA CODE/PHONE
   NAME OF ASSISTANT TREASURER, IF ANY
   Mark Reed
   STREET ADDRESS (NO P.O. BOX)
   CITY Petaluma
   STATE CA
   ZIP CODE 94952
   AREA CODE/PHONE
   NAME OF PRINCIPAL OFFICER(S)
   Julie Cleland
   STREET ADDRESS (NO P.O. BOX)
   CITY Petaluma
   STATE CA
   ZIP CODE 94952
   AREA CODE/PHONE

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 12/27/2018 By Dennis Poeckay
   SIGNATURE OF TREASURER OR ASSISTANT TREASURER

   Executed on 12/27/2018 By Dennis Poeckay
   SIGNATURE OF CONTROLLING OFFICER, HOLDING CANDIDATE, OR STATE MEASURE PROponent

   Executed on 12/27/2018 By Dennis Poeckay
   SIGNATURE OF CONTROLLING OFFICER, HOLDING CANDIDATE, OR STATE MEASURE PROponent

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