

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date Stamp RECEIVE NOV 02 2018 CITY CLERK	CALIFORNIA FORM 460
	Page 1 of 8
	For Official Use Only

Statement covers period from 10/21/2018 through 11/01/2018	Date of Election If applicable 11/06/2018 (Month, Day, Year)
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1. Type of Recipient Committee

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
 General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored
 Primarily Formed Candidate/Officeholder Committee

2. Type of Statement

Pre-election Statement
 Semi-Annual Statement
 Termination Statement
 Amendment

Quarterly Statement
 Special Odd-Year Statement
 Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. Number 1406602

COMMITTEE NAME
Pocekay for Council 2018

STREET ADDRESS (NO PO BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Petaluma CA 94952

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Dennis Pocekay

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Petaluma CA 94952

NAME OF ASSISTANT TREASURER, IF ANY
Mark Reed

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Petaluma CA 94952

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing 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 11/2/18 By Dennis Pocekay
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 11/2/18 By Dennis Pocekay
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Cover Page - Part 2**

Statement covers period
from 10/21/2018
through 11/01/2018

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
 Dennis E Pocekay

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 City Council Member City of Petaluma

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
 Petaluma CA 94952

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE ? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE ? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.			
NAME OF OFFICEHOLDER OR CANDIDATE OR PROPONENT			
OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

**Campaign Disclosure Statement
Summary Page**

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through		Page 3 of 8
		I.D. NUMBER 1406602

NAME OF FILER Pocekay for Council 2018

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ 400.00	\$ 12,871.01
2. Loans Received <i>Schedule B, Line 3</i>	0.00	1,000.00
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1+ 2</i>	\$ 400.00	\$ 13,871.01
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	121.91	1,869.59
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ 521.91	\$ 15,740.60

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections.**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

	Column A	Column B
Expenditures Made		
6. Payments Made <i>Schedule E, Line 4</i>	\$ 2,045.32	\$ 13,373.60
7. Loans Made <i>Schedule H, Line 3</i>	0.00	0.00
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ 2,045.32	\$ 13,373.60
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	-491.32	0.00
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	121.91	1,869.59
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ 1,675.91	\$ 15,243.19

**Expenditure Limit Summary
for State Candidates**

22. Cumulative Expenditures Made *
(If Subject to Voluntary Expenditure Limits)

_____	\$ _____
_____	\$ _____

* Amounts in this Section may be different from amounts reported in Column B.

Current Cash Statement	
12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ 2,142.73
13. Cash Receipts <i>Column A, Line 3 above</i>	400.00
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	0.00
15. Cash Payments <i>Column A, Line 8 above</i>	2,045.32
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 497.41
17. LOAN GUARANTEES RECEIVED. <i>Schedule B, Part 2</i>	\$ 0.00

Cash Equivalents and Outstanding Debts	
18. Cash Equivalents	\$ 0.00
19. Outstanding Debts. <i>Add Lines 2 + Line 9 in Column B above</i>	\$ 1,000.00

**Schedule A
Monetary Contributions Received**

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	11/01/2018	Page 4 of 8

NAME OF FILER Pocekay for Council 2018

I.D. NUMBER
1406602

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/2018	Operating Engineers Local Union 3 District 10 Alameda, CA 94502	COM	ID No. 891395	200.00	200.00	200 (G18)
10/29/2018	Unite Here TIP State & Local Fund New York, NY 10001	COM	ID No. 810437	200.00	200.00	200 (G18)

SUBTOTAL \$ 400.00

Schedule A Summary

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals)	\$	400.00
2. Amount received this period - unitemized	\$	0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1)	TOTAL \$	400.00

** Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule B - Part 1
Loans Received**

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	11/01/2018	Page 5 of 8

NAME OF FILER Pocekay for Council 2018

I.D. NUMBER
1406602

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Dennis E. Pocekay Petaluma, CA 94952 Contributor Code: IND	N.A. Retired	140.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	140.00	0.00	140.00	CALENDAR YEAR 1, 172 PER ELECTION ** 1, 172 (G18)
Dennis E. Pocekay Petaluma, CA 94952 Contributor Code: IND	N.A. Retired	860.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	860.00	0.00	860.00	CALENDAR YEAR 1, 172 PER ELECTION ** 1, 172 (G18)
					DUE DATE 12/31/2025	INTEREST RATE 0.00 %	DATE INCURRED 05/24/2018	
					DUE DATE 12/31/2025	INTEREST RATE 0.00 %	DATE INCURRED 05/31/2018	

SUBTOTALS \$	(b) 0.00	(c) 0.00	(d) 1,000.00	(e) 0.00	
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Schedule B Summary

- Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.) \$ 0.00
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 0.00
Enter the net here and on the Summary Page, Column A, Line 2.

**** Contributor Codes**
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	11/01/2018	Page 6 of 8

NAME OF FILER Pocekay for Council 2018

I.D. NUMBER
1406602

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE	OCCUPATION & EMPLOYER OR COMMITTEE ID NO.	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/2018	Andrew Carroll Cotati, CA 94931	IND	Shipping Coordinator Wine Hooligans	Facebook boosted posts	44.91	144.91	144 (G18)
10/30/2018	Dennis E. Pocekay Petaluma, CA 94952	IND	N.A. Retired	Postage	70.00	1,172.00	1,172 (G18)
10/30/2018	Dennis E. Pocekay Petaluma, CA 94952	IND	N.A. Retired	Facebook boost	7.00	1,172.00	1,172 (G18)

SUBTOTAL \$ 121.91

Schedule C Summary

1. Amount received this period - itemized contributions (Includes all Schedule C subtotals)	\$	121.91
2. Amount received this period - unitemized	\$	0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Lines 4 and 10.)	TOTAL \$	<u>121.91</u>

** Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

**Schedule E
Payments Made**

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	11/01/2018	Page 7 of 8
NAME OF FILER Pocekay for Council 2018		I.D. NUMBER 1406602

CODES: If one of the following accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary) | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet,e-mail) |

NAME AND ADDRESS OF PAYEE	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Peggy Bimbi Santa Rosa, CA 95404	PRO		500.00
Sonoma County Conservation Action PAC SMO Santa Rosa, CA 95404	LIT		1,050.00
WestAmerica Bank Card Services San Rafael, CA 94901		See Schedule G for payees reaching disclosure threshold.	491.32
SUBTOTAL \$			2,041.32

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 2,041.32
2. Unitemized payments made this period of under \$100	\$ 4.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 2,045.32

**Schedule F
Accrued Expenses (Unpaid Bills)**

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	11/01/2018	Page 8 of 8
NAME OF FILER Pocekay for Council 2018		I.D. NUMBER 1406602

CODES: If one of the following accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary) | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet,e-mail) |

NAME AND ADDRESS OF CREDITOR	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
WestAmerica Bank Card Services San Rafael, CA 94901	Various credit card purchases. See Schedule G for Credit Card Payees meeting threshold.	491.32	0.00	491.32	0.00

SUBTOTALS \$ 491.32 \$ 0.00 \$ 491.32 \$ 0.00

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 491.32
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, column A, Line 9.) **NET \$** -491.32