

Recipient Committee  
Campaign Statement  
Cover Page

COVER PAGE

CALIFORNIA  
FORM 460

Page 1 of 14

For Official Use Only

Date Stamp

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OCT 24 2018

CITY CLERK

Statement covers period

from 09/23/2018

through 10/20/2018

Date of Election If applicable

11/06/2018

(Month, Day, Year)

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

Pocckay 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 Pocckay

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 10/24/18

By Dennis Pocckay  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/24/18

By Dennis Pocckay  
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**

COVER PAGE - PART 2  
**CALIFORNIA  
FORM 460**

Statement covers period

from 09/23/2018

through 10/20/2018

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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 ?

☐ YES ☐ 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 ?

☐ YES ☐ 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

☐ SUPPORT

☐ 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

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

# Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through		10/20/2018
		Page 3 of 14

NAME OF FILER Pocekay for Council 2018

I.D. NUMBER  
1406602

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions . . . . . Schedule A, Line 3	\$ 981.00	\$ 12,471.01
2. Loans Received . . . . . Schedule B, Line 3	0.00	1,000.00
3. SUBTOTAL CASH CONTRIBUTIONS . . . . . Add Lines 1 + 2	\$ 981.00	\$ 13,471.01
4. Nonmonetary Contributions . . . . . Schedule C, Line 3	341.00	1,747.68
5. TOTAL CONTRIBUTIONS RECEIVED . . . . . Add Lines 3 + 4	\$ 1,322.00	\$ 15,218.69

## 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	\$	\$

## Expenditures Made

6. Payments Made . . . . . Schedule E, Line 4	\$ 905.38	\$ 11,328.28
7. Loans Made . . . . . Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS . . . . . Add Lines 6 + 7	\$ 905.38	\$ 11,328.28
9. Accrued Expenses (Unpaid Bills) . . . . . Schedule F, Line 3	212.85	491.32
10. Nonmonetary Adjustment . . . . . Schedule C, Line 3	341.00	1,747.68
11. TOTAL EXPENDITURES MADE . . . . . Add Lines 8 + 9 + 10	\$ 1,459.23	\$ 13,567.28

## Current Cash Statement

12. Beginning Cash Balance . . . . . Previous Summary Page, Line 16	\$ 2,067.11
13. Cash Receipts . . . . . Column A, Line 3 above	981.00
14. Miscellaneous Increases to Cash . . . . . Schedule I, Line 4	0.00
15. Cash Payments . . . . . Column A, Line 8 above	905.38
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,142.73
17. LOAN GUARANTEES RECEIVED. . . . . Schedule B, Part 2	\$ 0.00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents . . . . .	\$ 0.00
19. Outstanding Debts. . . . . Add Lines 2 + Line 9 in Column B above	\$ 1,491.32

## 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.

# Schedule A Monetary Contributions Received

SCHEDULE A

Statement covers period from 09/23/2018 through 10/20/2018		<b>CALIFORNIA FORM 460</b>
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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)
09/29/2018	Janice Cader-Thompson  Petaluma, CA 94954	IND	Retired  N.A.	100.00	100.00	100 (G18)
10/03/2018	Sheri Cardo  Petaluma, CA 94954	IND	Director of Communications  Sonoma Land Trust	50.00	50.00	50 (G18)
09/25/2018	Janie Castles  Petaluma, CA 94952	IND	Retired  N.A.	50.00	150.00	150 (G18)
09/23/2018	Kit Lofroos  Petaluma, CA 94952	IND	Massage Therapist  Self-empl no sep business name	50.00	80.00	80 (G18)

**SUBTOTAL \$** 250.00

## Schedule A Summary

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals )	\$ 975.00
2. Amount received this period - unitemized	\$ 6.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A Line 1)	<b>TOTAL \$</b> 981.00

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

FPPC Form 460 -(JAN/2016)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 5 of 14

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)
10/06/2018	Vicki Mayster  Sebastopol, CA 95472	IND	Teacher  Petaluma City Schools	40.00	40.00	40 (G18)
09/29/2018	Heather L. Mutz  Sebastopol, CA 95472	IND	Consultant  Self-empl no sep business name	100.00	100.00	100 (G18)
10/14/2018	Katherine Plank  Petaluma, CA 94952	IND	Artist  Self-empl no sep business name	200.00	200.00	200 (G18)
09/23/2018	James Pointer  Petaluma, CA 94954	IND	Retired  N.A.	100.00	200.00	200 (G18)

**SUBTOTAL \$**

440.00

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

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
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through	10/20/2018	Page 6 of 14

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)
09/29/2018	Paul Radosevich  El Cerrito, CA 94530	IND	Retired  N.A.	100.00	100.00	100 (G18)
10/09/2018	Valerie Richman  Petaluma, CA 94952	IND	Retired  N.A.	50.00	50.00	50 (G18)
09/27/2018	Jeanie Rutherford  Petaluma, CA 94954	IND	Retired  N.A.	36.00	109.00	109 (G18)
09/23/2018	Susan Shaw  Sebastopol, CA 95472	IND	Community Organizer  North Bay Organizing Project	99.00	99.00	99 (G18)

**SUBTOTAL \$**

285.00

\*\* 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

SCHEDULE B - PART 1

Statement covers period from 09/23/2018 through 10/20/2018		<b>CALIFORNIA FORM 460</b>
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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	N.A.	140.00		<input type="checkbox"/> PAID	140.00	0.00	140.00	CALENDAR YEAR 1,095
Petaluma, CA 94952	Retired			<input type="checkbox"/> FORGIVEN				PER ELECTION ** 1,095 (G18)
Contributor Code: IND					DUE DATE 12/31/2025	INTEREST RATE 0.00 %	DATE INCURRED 05/24/2018	
Dennis E. Pocekay	N.A.	860.00		<input type="checkbox"/> PAID	860.00	0.00	860.00	CALENDAR YEAR 1,095
Petaluma, CA 94952	Retired			<input type="checkbox"/> FORGIVEN				PER ELECTION ** 1,095 (G18)
Contributor Code: IND					DUE DATE 12/31/2025	INTEREST RATE 0.00 %	DATE INCURRED 05/31/2018	

<b>SUBTOTALS \$</b>	(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

SCHEDULE C

Statement covers period		<b>CALIFORNIA FORM 460</b>
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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)
10/17/2018	Erin Chmielewski  Cotati, CA 94931	IND	Treatment Manager  Brandner Vet Hospital	Postcards and stamps	85.00	196.68	196 (G18)
10/18/2018	Cynthia Clarkson  Petaluma, CA 94952	IND	Registered Nurse  Hospice of Petaluma	Food & Beverage	30.00	140.00	140 (G18)
09/27/2018	Julie Cleland  Petaluma, CA 94952	IND	Homemaker  N.A.	Food & Beverage	20.00	56.01	56 (G18)
10/17/2018	Zahyra Garcia  Daly City, CA 94015	IND	Organizer  Self-empl no sep business name	Markers and pens	8.00	77.00	77 (G18)

**SUBTOTAL \$** 143.00

## Schedule C Summary

1. Amount received this period - itemized contributions (Includes all Schedule C subtotals) . . . . .	\$ 341.00
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.) . . . . .	<b>TOTAL \$</b> 341.00

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



**Schedule C (Continued)**  
**Nonmonetary Contributions Received**

SCHEDULE C

Statement covers period		<b>CALIFORNIA FORM 460</b>
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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)
09/23/2018	Laree Maguire  Petaluma, CA 94952	IND	Retired  N.A.	Food & Beverage	35.00	35.00	35 (G18)
10/17/2018	Morgan Romine  San Diego, CA 92116	IND	Consultant  Self-empl no sep business name	Postcards and stamps	25.00	25.00	25 (G18)
10/19/2018	Anna Rose  Petaluma, CA 94952	IND	Retired  N.A.	Food & Beverage	50.00	50.00	50 (G18)
09/27/2018	Jeanie Rutherford  Petaluma, CA 94954	IND	Retired  N.A.	Food & Beverage	53.00	109.00	109 (G18)

**SUBTOTAL \$** 163.00

\*\* Contributor Codes: IND - Individual COM - Recipient Committee OTH - Other PTY - Political Party SCC - Small Contributor Committee

FPPC Form 460 -(JAN/2016)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule C (Continued)**  
**Nonmonetary Contributions Received**

SCHEDULE C

Statement covers period		<b>CALIFORNIA FORM 460</b>
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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)
10/17/2018	Jolene Searle  Petaluma, CA 94952	IND	Retired  N.A.	Stamps	35.00	35.00	35 (G18)

**SUBTOTAL \$**

35.00

\*\* Contributor Codes: IND - Individual COM - Recipient Committee OTH - Other PTY - Political Party SCC - Small Contributor Committee

FPPC Form 460 -(JAN/2016)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule E Payments Made

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through		10/20/2018
Page		11 of 14
I.D. NUMBER		1406602

NAME OF FILER Pocekay for Council 2018

**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
Anedot Inc  Dallas, TX 75204	OFC		26.00
Julie Burns  Santa Rosa, CA 95407	LIT		200.00
GW2 Printing Inc.  Santa Rosa, CA 95401	LIT		298.72
<b>SUBTOTAL \$</b>			524.72

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 901.38
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.)	<b>TOTAL \$ 905.38</b>

**Schedule E (Continuation Sheet)**  
**Payments Made**

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 12 of 14
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
Staples  Petaluma, CA 94952	OFC		43.24
WestAmerica Bank Card Services  San Rafael, CA 94901		See Schedule G for payees reaching disclosure threshold.	278.47
Whole Foods  Petaluma, CA 94952	CMP		54.95

**SUBTOTAL \$** 376.66

# Schedule F Accrued Expenses (Unpaid Bills)

SCHEDULE F

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 13 of 14
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.	278.47	491.32	278.47	491.32

**SUBTOTALS \$** 278.47 \$ 491.32 \$ 278.47 \$ 491.32

## 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 \$** 491.32
- 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 \$** 278.47
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, column A, Line 9.) ..... **NET \$** 212.85

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 14 of 14
NAME OF FILER Pocekey for Council 2018		I.D. NUMBER 1406602

NAME OF FILER Pocekey for Council 2018

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
 WestAmerica Bank Card Services

**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)

\* Payments that re contributions or Independent expenditures are also summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
My Campaign Store  Louisville, KY 40222	CMP		445.66
Staples  Petaluma, CA 94952	OFC		45.66

**TOTAL \$** 491.32