

RECEIVED

MAY 28 2020  
Date Stamp

CALIFORNIA FORM 410  
For Official Use Only

Statement of Organization Recipient Committee

Statement Type

Initial  
 Not yet qualified or  
 Date qualification threshold met

Amendment  
 Date qualification threshold met

Termination - See Part 5  
 Date of termination

05 / 29 / 2020

1. Committee Information		I.D. Number (if applicable)	2. Treasurer and Other Principal Officers	
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NAME OF COMMITTEE  
 FRIENDS OF JACK DING FOR SONOMA CITY COUNCIL 2020

STREET ADDRESS (NO P.O. BOX)  
 755 BROADWAY

CITY STATE ZIP CODE AREA CODE/PHONE  
 SONOMA CA 95476 707-343-1898

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
 jack@unicomtax.com / 707-343-1951

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
 Sonoma City of Sonoma

NAME OF TREASURER  
 Marcus Thomson

STREET ADDRESS (NO P.O. BOX)  
 65 Ramon Street

CITY STATE ZIP CODE AREA CODE/PHONE  
 Sonoma CA 95476 707-935-1033

NAME OF ASSISTANT TREASURER, IF ANY  
 None.

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)  
 None.

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 May 28, 2020 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 05/28/2020 By [Signature] SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
FRIENDS OF JACK DING FOR SONOMA CITY COUNCIL 2020

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I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Westamerica Bank	AREA CODE/PHONE 707-935-3200	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 202 West Napa Street	CITY Sonoma	STATE CA
		ZIP CODE 95476

**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	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
Junhui "Jack" Ding	Sonoma City Council	2020	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Democrat
			<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  
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I.D. NUMBER

COMMITTEE NAME

FRIENDS OF JACK DING FOR SONOMA CITY COUNCIL 2020

**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

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, officeholder, 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 18521.5.