Recipient Committee
Campaign Statement
Cover Page

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>Date of election if applicable:</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 07-01-18</td>
<td>(Month, Day, Year) N/A</td>
</tr>
<tr>
<td>through 12-31-18</td>
<td></td>
</tr>
</tbody>
</table>

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall
   - [ ] General Purpose Committee
   - [ ] Sponsored
   - [ ] Small Contributor Committee
   - [ ] Political Party/Central Committee

2. Type of Statement:
   - [ ] Pre-election Statement
   - [ ] Semi-annual Statement
   - [ ] Quarterly Statement
   - [ ] Special Odd-Year Report
   - [x] Termination Statement
     (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. Committee Information
   - I.D. NUMBER: 1276172
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
     Scotts Valley Town Center Now
   - STREET ADDRESS (NO P.O. BOX)
     225 Navigator Drive
   - CITY
     Scotts Valley
   - STATE
     CA
   - ZIP CODE
     95066
   - AREA CODE/PHONE
     (831) 419-1701
   - MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   - CITY
   - STATE
   - ZIP CODE
   - AREA CODE/PHONE
   - 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 and in the attached schedules 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 __________ Date

Treasurer(s)
   NAME OF TREASURER
   Eric P. Seib
   MAILING ADDRESS
   629 Coast Range Drive
   Scotts Valley
   CA
   95066
   (831) 234-3322

   NAME OF ASSISTANT TREASURER, IF ANY

   MAILING ADDRESS

   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE

   OPTIONAL: FAX / E-MAIL ADDRESS

   Executed on __________ Date

   Executed on __________ Date

   Executed on __________ Date

   Executed on __________ Date

   By ____________________________
   Signature of Treasurer or Assistant Treasurer

   By ____________________________
   Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

   By ____________________________
   Signature of Controlling Officer/Candidate, State Measure Proponent

   By ____________________________
   Signature of Controlling Officer/Candidate, State Measure Proponent

   FPPC Form 460 (Jan/2016)
   FPPC Advice: advice@fppc.ca.gov (866/275-3772)
   www.fppc.ca.gov
### Contributions Received

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Column A Total 12-31-18 ($</th>
<th>Column B Calendar Year Total ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Monetary Contributions</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>2</td>
<td>Loans Received</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>3</td>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>4</td>
<td>Nonmonetary Contributions</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>5</td>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Column A Total 12-31-18 ($</th>
<th>Column B Calendar Year Total ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Payments Made</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>7</td>
<td>Loans Made</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>8</td>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>9</td>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>10</td>
<td>Nonmonetary Adjustment</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>11</td>
<td>TOTAL EXPENDITURES MADE</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

12. Beginning Cash Balance  
   Previous Summary Page, Line 16 $0.00  
13. Cash Receipts  
   Column A, Line 3 above $0.00  
14. Miscellaneous Increases to Cash  
   Schedule I, Line 4 $0.00  
15. Cash Payments  
   Column A, Line 8 above $0.00  
16. ENDING CASH BALANCE  
   Add Lines 12 + 13 + 14, then subtract Line 15 $0.00  
   If this is a termination statement, Line 16 must be zero.

### Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*  
   (If Subject to Voluntary Expenditure Limit)  
   Date of Election (mm/dd/yy) Total to Date $0.00

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

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents  
   See instructions on reverse $0.00  
19. Outstanding Debts  
   Add Line 2 + Line 9 in Column B above $0.00