

**Statement of Organization  
Recipient Committee**

**FILED**  
SANTA CRUZ CO REGISTRATION

**RECEIVED AND FILED**  
the office of the Secretary of State  
of the State of California

Date Stamp  
**JAN 16 2019**

**CALIFORNIA FORM 410**  
For Official Use Only

2019 JAN 28 PM 2: 32  
Date of termination  
01 / 14 / 2019

**Statement Type**

Initial  
 Not yet qualified  
or  
 Date qualification threshold met

Amendment  
Date qualification threshold met

Termination - See Part 5  
Date of termination

**1. Committee Information**      **I.D. Number** 1276172      **2. Treasurer and Other Principal Officers**

**NAME OF COMMITTEE**  
Scotts Valley Town Center Now

**STREET ADDRESS (NO P.O. BOX)**  
225 Navigator Drive

**CITY**      **STATE**      **ZIP CODE**      **AREA CODE/PHONE**  
Scots Valley      CA      95066      (831) 419-1701

**FULL MAILING ADDRESS (IF DIFFERENT)**

**E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)**  
epseib@sbcglobal.net

**COUNTY OF DOMICILE**      **JURISDICTION WHERE COMMITTEE IS ACTIVE**  
Santa Cruz      City of Scotts Valley

**NAME OF TREASURER**  
Eric P. Seib

**STREET ADDRESS (NO P.O. BOX)**  
629 Coast Range Drive

**CITY**      **STATE**      **ZIP CODE**      **AREA CODE/PHONE**  
Scotts Valley      CA      95066      (831) 234-3322

**NAME OF ASSISTANT TREASURER, IF ANY**

**STREET ADDRESS (NO P.O. BOX)**

**CITY**      **STATE**      **ZIP CODE**      **AREA CODE/PHONE**

**NAME OF PRINCIPAL OFFICER(S)**

**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 1-14-19 By [Signature]  
DATE      SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE      SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE      SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE      SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT