Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Amendment
☑ Termination – See Part B
Date qualification threshold met
Date of termination

1. Committee Information

<table>
<thead>
<tr>
<th>I.D. Number</th>
<th>1276172</th>
</tr>
</thead>
</table>

NAME OF COMMITTEE
Scotts Valley Town Center Now

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

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

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

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

2. Treasurer and Other Principal Officers

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>Eric P. Seib</th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET ADDRESS (NO P.O. BOX)</td>
<td>629 Coast Range Drive</td>
</tr>
<tr>
<td>CITY</td>
<td>Scots Valley</td>
</tr>
<tr>
<td>STATE</td>
<td>CA</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td>95066</td>
</tr>
<tr>
<td>AREA CODE/PHONE</td>
<td>(831) 234-3322</td>
</tr>
</tbody>
</table>

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 of Treasurer or Assistant Treasurer)
Executed on (Date)
By (Signature of Controlling Officerholder, Candidate, or State Measure Proponent)

FPCC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov