**Statement of Organization**

**Recipient Committee**

**Statement Type**
- [ ] Initial
- [ ] Not yet qualified
- [ ] Date qualification threshold met
- [✓] Amendment
- [ ] Termination – See Part 5

**1. Committee Information**

**I.D. Number:** 1385125

**NAME OF COMMITTEE:**
Re Elect Donna Lind for Scotts Valley City Council 2020

**STREET ADDRESS (NO P.O. BOX):**
114 Belair Court
Scotts Valley, CA 95066

**CITY:** Scotts Valley
**STATE:** CA
**ZIP CODE:** 95066
**AREA CODE/PHONE:** 831-438-4187

**FULL MAILING ADDRESS (IF DIFFERENT):**
dindsiind@earthlink.net

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

**2. Treasurer and Other Principal Officers**

**NAME OF TREASURER:**
Julie Mazurek

**STREET ADDRESS (NO P.O. BOX):**
552 Bean Creek Road #83
Scotts Valley, CA 95066

**CITY:** Scotts Valley
**STATE:** CA
**ZIP CODE:** 95066
**AREA CODE/PHONE:** 831-621-2243

**NAME OF ASSISTANT TREASURER, IF ANY:**

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

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

**E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL):**
dindsiind@earthlink.net

**NAME OF PRINCIPAL OFFICER(S):**
Julie Mazurek

**STREET ADDRESS (NO P.O. BOX):**
552 Bean Creek Rd #83
Scotts Valley, CA 95066

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

**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**

- 8/17/2020
- 8/17/2020
- 8/17/2020
- 8/17/2020

**DATE**

- By
- By
- By
- By
Re Elect Donna Lind for Scotts Valley 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

N/A

**Sponsored Committee** List additional sponsors on an attachment.

<table>
<thead>
<tr>
<th>NAME OF SPONSOR</th>
<th>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</th>
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<th>STREET ADDRESS</th>
<th>NO. AND STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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**Small Contributor Committee**

☐ Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent 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.