Statement of Organization Recipient Committee

Statement Type
- ☐ Initial
- ☐ Not yet qualified
- ☐ Date qualification threshold met
- ☐ Amendment
- ☐ Date qualification threshold met
- ☑ Termination – See Part B
- ☐ Date of termination
- ☑ 01/14/2019

1. Committee Information
- I.D. Number (If applicable): 1276172
- NAME OF COMMITTEE: Scotts Valley Town Center Now
- STREET ADDRESS (NO P.O. BOX):
  CITY: Scotts Valley
  STATE: CA
  ZIP CODE: 95066
  AREA CODE/PHONE: (831) 419-1701
- E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL):
epeib@sbcglobal.net
- COUNTY OF DOMICILE: Santa Cruz
- JURISDICTION WHERE COMMITTEE IS ACTIVE: City of Scotts Valley

2. Treasurer and Other Principal Officers
- NAME OF TREASURER: Eric P. Seib
- STREET ADDRESS (NO P.O. BOX):
  CITY: Scotts Valley
  STATE: CA
  ZIP CODE: 95066
  AREA CODE/PHONE: (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: 01/14/19
By: [Signature]

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