

Rejected: 8/1/2018
Returned: 8/1/2018

NCK

1408503

Statement of Organization Recipient Committee

R 44
L 44

Statement Type

Initial

Not yet qualified

or

Date qualified as committee

7/23/18

Amendment

Termination - See Part 5

Date qualified as committee

Date of termination

Date Stamp
RECEIVED
in the office of the Secretary of State of the State of California
JUL 25 2018

CALIFORNIA FORM 410
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RECEIVED AND FILED
in the office of the Secretary of State of the State of California

1. Committee Information	I.D. Number (if applicable)	2. Treasurer and Other Principal Officers
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NAME OF COMMITTEE
Stephany E. Aguilar - 2018 City Council Member

STREET ADDRESS (NO P.O. BOX)
130 South Navarra Drive

CITY STATE ZIP CODE AREA CODE/PHONE
Scotts Valley, CA 95066 831-227-3789

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
seajemsepacbell.net

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

NAME OF TREASURER
Stephany E. Aguilar

STREET ADDRESS (NO P.O. BOX)
130 South Navarra Drive

CITY STATE ZIP CODE AREA CODE/PHONE
Scotts Valley, CA 95066 831-227-3789

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Stephany E. Aguilar

STREET ADDRESS (NO P.O. BOX)
130 South Navarra Drive

CITY STATE ZIP CODE AREA CODE/PHONE
Scotts Valley, CA 95066 831-227-3789

AUG 02 2018

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 7-23-18 By Stephany E. Aguilar
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7-23-18 By Stephany E. Aguilar
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 7-23-18 By Stephany E. Aguilar
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Stephany E. Aguilar - 2018 I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <u>Bank of America</u>	AREA CODE/PHONE <u>031-024-9607</u>	BANK ACCOUNT NUMBER <u>3250-7094-7221</u>
ADDRESS <u>4525 Scotts Valley Drive, Scotts Valley, CA 95066</u>	CITY	STATE ZIP CODE

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE	
			Nonpartisan	Partisan (list political party below)
<u>Stephany E. Aguilar</u>	<u>Council Member</u>	<u>2018</u>	<input checked="" type="checkbox"/>	<u>N/A</u>
			<input type="checkbox"/>	Partisan (list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

Clear Page

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**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Stephony E. Aguilar - 2018

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** **Political Party/Central Committee**

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

City Council Re-Election Campaign

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent 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.

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