

**Statement of Organization  
Recipient Committee**

Statement Type

Initial  
 Not yet qualified or  
 Date qualification threshold met

Amendment  
 Date qualification threshold met  
 10 / 03 / 2020

Termination – See Part 5  
 Date of termination  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date Stamp

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

**OCT 15 2020**

**CALIFORNIA FORM 410**  
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1. Committee Information				2. Treasurer and Other Principal Officers			
<b>I.D. Number</b> 1267489 <small>(if applicable)</small>				<b>Name of Treasurer</b> Eric Seib			
<b>Name of Committee</b> Randy Johnson for Scotts Valley City Council 2020				<b>Street Address (No P.O. Box)</b> [REDACTED]			
<b>Street Address (No P.O. Box)</b> [REDACTED]				<b>City</b> Scotts Valley	<b>State</b> CA	<b>Zip Code</b> 95066	<b>Area Code/Phone</b> 831-234-3332
<b>City</b> Scotts Valley	<b>State</b> CA	<b>Zip Code</b> 95066	<b>Area Code/Phone</b> 831-438-0633	<b>Name of Assistant Treasurer, if any</b>			
<b>Full Mailing Address (if different)</b>				<b>Street Address (No P.O. Box)</b>			
<b>E-Mail Address (Required) / Fax (Optional)</b>				<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Area Code/Phone</b>
<b>County of Domicile</b>	<b>Jurisdiction Where Committee is Active</b>			<b>Name of Principal Officer(s)</b>			
<b>Attach additional information on appropriately labeled continuation sheets.</b>				<b>Street Address (No P.O. Box)</b>			
				<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Area Code/Phone</b>

**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 10-01-2020 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/6/2020 By [Signature]  
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