

Statement of Organization Recipient Committee

Statement Type [] Initial [X] Amendment [] Termination - See Part 5
[] Not yet qualified or [] Date qualified as committee
07 / 31 / 2020 Date qualified as committee
Date of termination

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1. Committee Information I.D. Number (if applicable) 1429790 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE: Shebreh Kalantari-Johnson for Santa Cruz City Council 2020
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE: Santa Cruz CA 95060 (831) 227-8228
MAILING ADDRESS (IF DIFFERENT)
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): shebreh4santacruz@gmail.com
COUNTY OF DOMICILE: Santa Cruz JURISDICTION WHERE COMMITTEE IS ACTIVE: City of Santa Cruz

NAME OF TREASURER: Margaret Mathias
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE: Santa Cruz CA 95062 (831) 345-5103
NAME OF ASSISTANT TREASURER, IF ANY: Shebreh Kalantari-Johnson
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE: Santa Cruz CA 95060 (831) 227-8228
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 8/8/2020 By Margaret Mathias SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 8/8/2020 By Shebreh Kalantari-Johnson - Candidate SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

| | |
|--|------------------------|
| COMMITTEE NAME Shebreh Kalantari-Johnson for Santa Cruz City Council 2020 | I.D. NUMBER 1429790 |
|--|------------------------|

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

| | | |
|---|-----------------------------------|--|
| NAME OF FINANCIAL INSTITUTION Santa Cruz County Bank | AREA CODE/PHONE (831) 600-4000 | BANK ACCOUNT NUMBER Bank account redacted |
| ADDRESS | CITY Santa Cruz | STATE CA |
| | | ZIP CODE 95060 |

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 PROONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | CHECK ONE | | PARTY (list political party below) |
|---|---|------------------|--------------------------|-------------------------------------|---------------------------------------|
| | | | Nonpartisan | Partisan | |
| Shebreh Kalantari-Johnson | City Council Member Santa Cruz | 2020 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Democrat |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | (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 |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Shebreh Kalantari-Johnson for Santa Cruz City Council 2020

I.D. NUMBER

1429790

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

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.