

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination – See Part 5

Not yet qualified or  Date qualified as committee \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 01 / 08 / 2020

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date qualified as committee Date of termination

Date Stamp	<b>CALIFORNIA FORM 410</b> For Official Use Only
E-Filed 01/08/2021 17:06:30  Filing ID: 195434644	

1. Committee Information	2. Treasurer and Other Principal Officers																																				
<b>I.D. Number</b> (if applicable) 1427239																																					
NAME OF COMMITTEE  Kayla Kumar for City Council 2020  <hr/> STREET ADDRESS (NO P.O. BOX)  <hr/> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">CITY</th> <th style="width: 17%;">STATE</th> <th style="width: 17%;">ZIP CODE</th> <th style="width: 33%;">AREA CODE/PHONE</th> </tr> </thead> <tbody> <tr> <td>Santa Cruz</td> <td>CA</td> <td>95060</td> <td>(208) 891-4348</td> </tr> </tbody> </table> <hr/> MAILING ADDRESS (IF DIFFERENT)  <hr/> E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) kumarforcouncil2020@gmail.com  <hr/> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">COUNTY OF DOMICILE</th> <th style="width: 50%;">JURISDICTION WHERE COMMITTEE IS ACTIVE</th> </tr> </thead> <tbody> <tr> <td>Santa Cruz County</td> <td>City of Santa Cruz</td> </tr> </tbody> </table>	CITY	STATE	ZIP CODE	AREA CODE/PHONE	Santa Cruz	CA	95060	(208) 891-4348	COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE	Santa Cruz County	City of Santa Cruz	NAME OF TREASURER Puiyee Tse  <hr/> STREET ADDRESS (NO P.O. BOX)  <hr/> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">CITY</th> <th style="width: 17%;">STATE</th> <th style="width: 17%;">ZIP CODE</th> <th style="width: 33%;">AREA CODE/PHONE</th> </tr> </thead> <tbody> <tr> <td>Aptos</td> <td>CA</td> <td>95003</td> <td>(831) 234-1457</td> </tr> </tbody> </table> <hr/> NAME OF ASSISTANT TREASURER, IF ANY Kayla Kumar  <hr/> STREET ADDRESS (NO P.O. BOX)  <hr/> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">CITY</th> <th style="width: 17%;">STATE</th> <th style="width: 17%;">ZIP CODE</th> <th style="width: 33%;">AREA CODE/PHONE</th> </tr> </thead> <tbody> <tr> <td>Santa Cruz</td> <td>CA</td> <td>95060</td> <td></td> </tr> </tbody> </table> <hr/> NAME OF PRINCIPAL OFFICER(S)  <hr/> STREET ADDRESS (NO P.O. BOX)  <hr/> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">CITY</th> <th style="width: 17%;">STATE</th> <th style="width: 17%;">ZIP CODE</th> <th style="width: 33%;">AREA CODE/PHONE</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	CITY	STATE	ZIP CODE	AREA CODE/PHONE	Aptos	CA	95003	(831) 234-1457	CITY	STATE	ZIP CODE	AREA CODE/PHONE	Santa Cruz	CA	95060		CITY	STATE	ZIP CODE	AREA CODE/PHONE				
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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 1/8/2021 By Puiyee Tse  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/8/2021 By Kayla Kumar  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
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**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
Kayla Kumar for City Council 2020

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

NAME OF FINANCIAL INSTITUTION Bay Federal Credit Union	AREA CODE/PHONE (831) 479-6000	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	
Kayla Kumar	City Council Member City Council - Santa Cruz: City of Santa Cruz		X		
			Nonpartisan	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
		SUPPORT	OPPOSE

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

I.D. NUMBER

1427239

COMMITTEE NAME

Kayla Kumar for 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
- 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.