

Statement of Organization Recipient Committee

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified
or
 Date qualified as committee 07/01/2016 _____/_____/_____
Date qualified as committee Date of termination
_____/_____/_____

Date Stamp	CALIFORNIA FORM 410 For Official Use Only
E-Filed 01/14/2021 13:39:18 Filing ID: 195621750	

1. Committee Information	I.D. Number (if applicable) 1386336	2. Treasurer and Other Principal Officers
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NAME OF COMMITTEE
Martine Watkins for Santa Cruz City Council 2020

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Cruz CA 95062 (831) 334-0399

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
watkinsforcitycouncil@gmail.com

COUNTY OF DOMICILE Santa Cruz	JURISDICTION WHERE COMMITTEE IS ACTIVE Santa Cruz
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NAME OF TREASURER
Linda Proctor

STREET ADDRESS (NO P.O. BOX)

CITY Santa Cruz	STATE CA	ZIP CODE 95062	AREA CODE/PHONE (619) 861-6072
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NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

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	<u>1/14/2021</u> DATE	By	<u>Linda Proctor</u> SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>1/14/2021</u> DATE	By	<u>Martine Watkins</u> 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

Martine Watkins for Santa Cruz City Council 2020

I.D. NUMBER

1386336

- 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) 457-5000	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	
Martine Watkins	City Council Member: City of Santa Cruz	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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

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COMMITTEE NAME

Martine Watkins for Santa Cruz 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.

**Additional Comments
For Form 410**

ADDITIONAL COMMENTS	
CALIFORNIA	410
FORM	
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I.D. NUMBER	
1386336	

COMMITTEE NAME
Martine Watkins for Santa Cruz City Council 2020

This amendment changes the phone number for the committee, removes the PO Box, removes the assistant treasurer and principal officers.