

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input checked="" type="checkbox"/> Termination – See Part 5 Date of termination <u>5 / 30 / 2021</u>
--	---	---

Date Stamp
RECEIVED AND FILED
 In the office of the Secretary of State
 of the State of California
APR 04 2022

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number (if applicable) <u>1429790</u>				NAME OF TREASURER <u>Margaret Matthias</u>			
NAME OF COMMITTEE <u>Shebreh Kalantari-Johnson</u> <u>for Santa Cruz City Council 2020</u>				STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O. BOX)				CITY STATE ZIP CODE AREA CODE/PHONE			
CITY STATE ZIP CODE AREA CODE/PHONE				NAME OF ASSISTANT TREASURER, IF ANY <u>Shebreh Kalantari-Johnson</u>			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <u>Shebreh4santacruz@gmail.com</u>				CITY STATE ZIP CODE AREA CODE/PHONE			
COUNTY OF DOMICILE <u>Santa Cruz</u>		JURISDICTION WHERE COMMITTEE IS ACTIVE <u>Santa Cruz</u>		NAME OF PRINCIPAL OFFICER(S)			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX)			
				CITY STATE ZIP CODE AREA CODE/PHONE			

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 3/30/2022 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 3/28/2022 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