

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	11 / 4 / 2020

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
NOV 20 2020

CALIFORNIA FORM **410**
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FILED
NOV 30 2020

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 1427410 <small>(if applicable)</small>				NAME OF TREASURER Brian Peoples <i>Deputy Santa Cruz County</i>			
NAME OF COMMITTEE Leopold Oppose, Koenig Support, 1st District Supervisor Santa Cruz County, Trail Now				STREET ADDRESS (NO P.O. BOX) Redacted			
STREET ADDRESS (NO P.O. BOX) Redacted				CITY Reda	STATE Re	ZIP CODE Reda	AREA CODE/PHONE Redacted
R Reda	STATE Re	ZIP CODE Reda	AREA CODE/PHONE Redacted	NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) brian@trailnow.org				CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE Santa Cruz	JURISDICTION WHERE COMMITTEE IS ACTIVE Santa Cruz County			NAME OF PRINCIPAL OFFICER(S) Matti Peoples			
<i>Attach additional information on appropriately labeled continuation sheets.</i>				STREET ADDRESS (NO P.O. BOX) Redacted			
				CITY Redacted	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	<u>11/4/20</u>	By	
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>11/7/20</u>	By	
	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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Leopold Oppose, Koenig Support, 1st District Supervisor Santa Cruz County, Trail Now	I.D. NUMBER 1427410
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo	AREA CODE/PHONE (831) 688-6532	BANK ACCOUNT NUMBER Redacted
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ADDRESS	CITY	STATE	ZIP CODE
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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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	

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
John Leopold	Santa Cruz County 1st District Supervisor, 2020		<input checked="" type="checkbox"/>
Manu Koenig	Santa Cruz County 1st District Supervisor, 2020	<input checked="" type="checkbox"/>	