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Statement of Organization
Recipient Committee

CALIFORNIA FORM 410
For Official Use Only

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or	Date qualification threshold met	Date of termination
<input type="radio"/> Date qualification threshold met	11, 25, 2019	

DEC 03 2019

1. Committee Information		2. Treasurer and Other Principal Officers	
I.D. Number (if applicable) 1422689		NAME OF TREASURER Jack Dilles	
NAME OF COMMITTEE Dilles for Scotts Valley City Council 2020		STREET ADDRESS (NO. RD. BOX) 226 Burlwood Drive	
STREET ADDRESS (NO. RD. BOX) 226 Burlwood Drive		CITY STATE ZIP CODE AREA CODE/PHONE Scotts Valley, CA 95066 (831) 566-3180	
CITY STATE ZIP CODE AREA CODE/PHONE Scotts Valley, CA 95066 (831) 566-3180		NAME OF ASSISTANT TREASURER, IF ANY Lisa Dilles	
FULL MAILING ADDRESS (IF DIFFERENT) P.O. Box 66123, Scotts Valley, CA 95067		STREET ADDRESS (NO. RD. BOX) 226 Burlwood Drive	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) Dilles4Council@gmail.com		CITY STATE ZIP CODE AREA CODE/PHONE Scotts Valley, CA 95066 (831) 438-4808	
COUNTY OF DOMICILE Santa Cruz	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Scotts Valley	NAME OF PRINCIPAL OFFICER(S)	
STREET ADDRESS (NO. RD. BOX)		STREET ADDRESS (NO. RD. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE		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 11/25/2019 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 11/25/2019 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME
Dilles for Scotts Valley City Council 2020

I.D. NUMBER
1422689

- 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)461-5000	BANK ACCOUNT NUMBER 033010596
ADDRESS 4604 Scotts Valley Drive, Scotts Valley, CA	CITY 95066	STATE ZIP CODE CA 95066

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		(list political party below)
			CHECK ONE		
Jack Dilles	City Council, City of Scotts Valley	2020	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> 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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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COMMITTEE NAME
Dilles for Scotts Valley City Council 2020

I.D. NUMBER
1422689

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

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.