

**Statement of Organization
Recipient Committee**

1423931

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination - See Part 5 Date of termination _____/_____/_____
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Date Stamp RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 03 2020	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information	2. Treasurer and Other Principal Officers
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I.D. Number (if applicable) pending

NAME OF COMMITTEE
Save Scotts Valley - Yes on Z Supported by Council Members, Dilles, Johnson, Lind, Reed, and Timm

STREET ADDRESS (NO P.O. BOX)
226 Burlwood Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Scotts Valley	CA	95066	(831) 566-3180

FULL MAILING ADDRESS (IF DIFFERENT)
P. O. Box 66123, Scotts Valley, CA 95067

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

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Santa Cruz County	City of Scotts Valley

NAME OF TREASURER
Jack Dilles

STREET ADDRESS (NO P.O. BOX)
226 Burlwood Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Scotts Valley	CA	95066	(831) 566-3180

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Randy Johnson (See attached continuation sheet for other Principal Officers)

STREET ADDRESS (NO P.O. BOX)
145 Zinfandel Circle

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Scotts Valley	CA	95066	(831) 359-2099

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	01/02/2020	By		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	01/02/2020	By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT (Sign on behalf of all Principal Officers)
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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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Save Scotts Valley - Yes on Z Supported by Council Members Dilles, Johnson, Lind, Reed, and Timm

I.D. NUMBER

pending

- 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 033010869	
ADDRESS 4604 Scotts Valley Drive	CITY Scotts Valley	STATE CA	ZIP CODE 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 CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
Jack Dilles	City Council, City of Scotts Valley	2016	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Randy Johnson	City Council, City of Scotts Valley	2016	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Primarily Formed Committee

(See attached continuation sheet for other Controlling Officeholders)
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
Measure Z (sales tax)	City of Scotts Valley	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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INSTRUCTIONS ON REVERSE

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I.D. NUMBER
pending

COMMITTEE NAME

Save Scotts Valley - Yes on Z Supported by Council Members Dilles, Johnson, Lind, Reed, and Timm

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.

Statement of Organization

California Form 410

Recipient Committee

**Committee Name: Save Scotts Valley - Yes on Z Supported by Council
Members Dilles, Johnson, Lind, Reed, and Timm**

**I. D. Number: pending
(Continuation Sheet)**

Section 2. Treasurer and Other Principal Officers

Additional Principal Officers:

Donna Lind
114 Belair Court
Scotts Valley, CA 95066
(831) 438-4187

Jim Reed
225 Navigator Drive
Scotts Valley, CA 95066
(831) 707-4993

Derek Timm
22 Taryn Court
Scotts Valley, CA 95066
(831)239-9203

Section 4. Type of Committee

Controlled Committee

Additional Controlling Officeholders

Name of Officeholder	<u>Elective Office Held</u>	<u>Year of Election</u>	<u>Party</u>
Donna Lind	City Council, City of Scotts Valley	2016	Nonpartisan
Jim Reed	City Council, City of Scotts Valley	2018	Nonpartisan
Derek Timm	City Council, City of Scotts Valley	2018	Nonpartisan