

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

1409415

Statement of Organization
Recipient Committee

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met

FEB 15 2019

Amendment

Date qualification threshold met

Termination - See Part 2

2019 FEB 25
Date of termination
12 / 28 / 18

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
JAN 02 2019

1. Committee Information

I.D. Number
(if applicable)

1409415

NAME OF COMMITTEE

Derke Timm for City Council 2018

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Scotts Valley Ca 95066 831-239-9203

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

dtimm@montalvohomes.com

COUNTY OF DOMICILE

Santa Cruz

JURISDICTION WHERE COMMITTEE IS ACTIVE

Scotts Valley

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Chuck Maffia

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Scotts Valley Ca 95066 831-345-8889

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Chuck Maffia Treasurer

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Scotts Valley Ca 95066 831-345-8889

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 12-28-18 By Chuck Maffia
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1-8-19 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