

**Statement of Organization  
Recipient Committee**

**FILED**  
SANTA CRUZ CO ELECTIONS

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

**CALIFORNIA FORM 410**

Statement Type

Initial  
 Not yet qualified or  
 Date qualification threshold met

Amendment  
Date qualification threshold met \_\_\_\_\_

Termination - See Part 5  
2018 DEC 19 AM 10:31  
Date of termination  
12, 5, 18

DEC 10 2018

For Official Use Only

**1. Committee Information**

**I.D. Number** 1411852  
(if applicable)

NAME OF COMMITTEE  
Yes on N Supported by Mayor Jim Reed and Vice Mayor Jack Dilles

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

| 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)  
YesonN@ProtectSVServices.com

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

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Jack Dilles

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

| 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)  
[REDACTED]

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
|      |       |          |                 |

NAME OF PRINCIPAL OFFICER(S)  
Jim Reed

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

| CITY          | STATE | ZIP CODE | AREA CODE/PHONE |
|---------------|-------|----------|-----------------|
| Scotts Valley | CA    | 95066    | 831-461-0222    |

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 12/15/18 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/15/18 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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME  
Yes on N Supported by Mayor Jim Reed and Vice Mayor Jack Dilles

I.D. NUMBER  
1411852

- All committees must list the financial institution where the campaign bank account is located.

|   |                                 |                                   |                   |
|---|---------------------------------|-----------------------------------|-------------------|
| NAME OF FINANCIAL INSTITUTION<br>Santa Cruz County Bank | AREA CODE/PHONE<br>831-461-5000 | BANK ACCOUNT NUMBER<br>[REDACTED] |                   |
| ADDRESS<br>[REDACTED]                                   | CITY<br>Scotts Valley           | STATE<br>CA                       | ZIP CODE<br>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<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY<br>CHECK ONE                  |                          | (list political party below) |
|--|---|------------------|-------------------------------------|--------------------------|------------------------------|
|  |   |                  | Nonpartisan                         | Partisan                 |                              |
| Jim Reed   | Scotts Vally City Council   | 2018             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                              |
| Jack Dilles  | Scotts Valley City Council  | 2018             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                              |

**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)<br>IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE                           |                          |
|---|--|-------------------------------------|--------------------------|
|   |  | SUPPORT                             | OPPOSE                   |
| Measure N (transient occupancy tax)   | City of Scotts Valley  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   |  | <input type="checkbox"/>            | <input type="checkbox"/> |

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Yes on N Supported by Mayor Jim Reed and Vice Mayor Jack Dilles

I.D. NUMBER

1411852

**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.