

1422689

Statement of Organization
Recipient Committee

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met

Termination - See Part 5
 Date of termination

RECEIVED AND FILED
 in the office of the Secretary
 of the State of California
 Date Stamp: NOV 18 2019
 CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information I.D. Number (if applicable) Pending **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Dilles for Scotts Valley City Council 2020

STREET ADDRESS (NO R.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)
Dilles4Council@gmail.com

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

NAME OF TREASURER
Jack Dilles

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

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

NAME OF ASSISTANT TREASURER, IF ANY
Lisa Dilles

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

CITY STATE ZIP CODE AREA CODE/PHONE
Scotts Valley CA 95066 (831)438-4808

NAME OF PRINCIPAL OFFICER(S)
[REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE
 [REDACTED]

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 11/13/19 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 11/13/19 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE FOR 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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME: Dilles for Scotts Valley City Council 2020 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: [REDACTED]
 ADDRESS: [REDACTED] 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	
<u>Jack Dilles</u>	<u>City Council City of Scotts Valley</u>	<u>2020</u>	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan (list political party below)
			<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	
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

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COMMITTEE NAME

Dilles for Scotts Valley City Council 2020

I.D. NUMBER

pending

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.