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Statement of Organization  
Recipient Committee

Statement Type	<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	<input checked="" type="checkbox"/> Amendment Date qualification threshold met 11, 25, 2019	<input type="checkbox"/> Termination - See Part 5 Date of termination _____	DEC 03 2019	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information I.D. Number (if applicable) 1422689 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE Dilles for Scotts Valley City Council 2020	NAME OF TREASURER Jack Dilles
STREET ADDRESS (NO RD. BOX) _____	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	CITY STATE ZIP CODE AREA CODE/PHONE Scotts Valley, CA 95066 (831) 438-4808
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) Dilles4Council@gmail.com	NAME OF PRINCIPAL OFFICER(S) _____
COUNTY OF DOMICILE Santa Cruz	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Scotts Valley
STREET ADDRESS (NO RD. BOX) _____	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	<i>[Signature]</i>	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	11/25/2019	By	<i>[Signature]</i>	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 <b>Santa Cruz County Bank</b>	AREA CODE/PHONE <b>(831)461-5000</b>	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY <b>Scotts Valley, CA</b>	STATE ZIP CODE <b>95066</b>

**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	
<b>Jack Dilles</b>	<b>City Council, City of Scotts Valley</b>	<b>2020</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(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"/>

**Statement of Organization**  
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COMMITTEE NAME  
*Dillon 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.