

**Statement of Organization  
Recipient Committee**

1423931

**Statement Type**

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

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)  
[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)  
SaveScottsValleyNow@gmail.com

COUNTY OF DOMICILE Santa Cruz County	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Scotts Valley
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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
Scotts Valley	CA	95066	(831) 359-2099

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

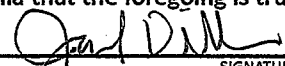
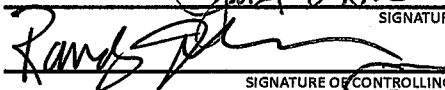
STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

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
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

*(Sign on behalf of all Principal Officers)*

**Statement of Organization  
Recipient Committee**

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 [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		(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"/>

**Statement of Organization  
Recipient Committee**

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

██████████

Scotts Valley, CA 95066  
(831) 438-4187

Jim Reed

██████████

Scotts Valley, CA 95066  
(831) 707-4993

Derek Timm

██████████

Scotts Valley, CA 95066  
(831)239-9203

**Section 4. Type of Committee**

**Controlled Committee**

***Additional Controlling Officeholders***

<b>Name of Officeholder</b>	<b><u>Elective Office Held</u></b>	<b><u>Year of Election</u></b>	<b><u>Party</u></b>
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