

**Statement of Organization
Recipient Committee**

Statement Type
 Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met
 01 / 16 / 20

Termination -- See Part 1 of the
 Date of termination
 2020 FEB - 5 AM 11:2

**CALIFORNIA 410
FORM**
 For Official Use Only
RECEIVED AND FILED
 the office of the Secretary of State
 of the State of California
JAN 21 2020
 SANTA CRUZ COUNTY CLERK

1. Committee Information
 I.D. Number (if applicable) 1423931

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 JURISDICTION WHERE COMMITTEE IS ACTIVE
Santa Cruz County 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
 [REDACTED]

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 01/16/2020 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 01/16/2020 By [Signature] SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

(Signing on behalf of all Principal Officers)

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INSTRUCTIONS ON REVERSE

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I.D. NUMBER
1423931

COMMITTEE NAME

Save Scotts Valley - Yes on Z Supported by Council Members Dilles, Johnson, Lind, Reed, and Timm

- 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



ADDRESS



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		(list political party below)
			Nonpartisan	Partisan	
Jack Dilles	City Council, City of Scotts Valley	2016	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
Randy Johnson	City Council, City of Scotts Valley	2016	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)

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.

Measure Z (sales tax)

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

City of Scotts Valley

CHECK ONE

SUPPORT	<input checked="" type="checkbox"/>	OPPOSE	<input type="checkbox"/>
SUPPORT	<input type="checkbox"/>	OPPOSE	<input type="checkbox"/>

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I.D. NUMBER
1423931

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: 1423931
(Continuation Sheet)

Section 2. Treasurer and Other Principal Officers
Additional Principal Officers:

Donna Lind

[REDACTED]
Scotts Valley, CA 95066
(831) 438-4187

Jim Reed

[REDACTED]
Scotts Valley, CA 95066
(831) 707-4993

Derek Timm

[REDACTED]
Scotts Valley, CA 95066
(831)239-9203

Section 4. Type of Committee
Controlled Committee
Additional Controlling Officeholders

Name of Officeholder	Elective Office Held	Year of Election	Party
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