

**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 11 / 20 / 2020

Date Stamp  
**RECEIVED AND FILED**  
 Office of the Secretary of State  
 of the State of California  
**NOV 23 2020**

**CALIFORNIA FORM 410**  
 For Official Use Only

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Dilles for Scotts Valley City Council				NAME OF TREASURER Jack Dilles			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Scotts Valley	STATE CA	ZIP CODE 95066	AREA CODE/PHONE (831) 566-3180	CITY Scotts Valley	STATE CA	ZIP CODE 95066	AREA CODE/PHONE (831) 566-3180
FULL MAILING ADDRESS (IF DIFFERENT) P. O. Box 66123, Scotts Valley, CA 95067				NAME OF ASSISTANT TREASURER, IF ANY Lisa Dilles			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) Dilles4Council@gmail.com				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
COUNTY OF DOMICILE Santa Cruz	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Scotts Valley			CITY Scotts Valley	STATE CA	ZIP CODE 95066	AREA CODE/PHONE (831) 566-3180
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S)			
				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
				CITY	STATE	ZIP CODE	AREA CODE/PHONE

**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 11/20/2020 By Jack Dilles  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 11/20/2020 By Jack Dilles  
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