

**COVER PAGE**

Filed Date: 03/22/2018 10:19 PM  
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Jack Dilles

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
City of Scotts Valley  
Division, Board, Department, District, if applicable Your Position  
City Council Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of Scotts Valley  Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- Annual:** The period covered is January 1, 2017, through December 31, 2017.  
-or- The period covered is 12 / 21 / 2016, through December 31, 2017.
- Assuming Office:** Date assumed \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_\_ (Check one)
  - The period covered is January 1, 2017, through the date of leaving office.
  - or-  The period covered is \_\_\_\_\_, through the date of leaving office.
- Candidate:** Mailing Address \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
(Business or Agency Address Recommended - Public Document)

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2**

- Schedules attached**
- Schedule A-1 - Investments** – schedule attached
  - Schedule A-2 - Investments** – schedule attached
  - Schedule B - Real Property** – schedule attached
  - Schedule C - Income, Loans, & Business Positions** – schedule attached
  - Schedule D - Income – Gifts** – schedule attached
  - Schedule E - Income – Gifts – Travel Payments** – schedule attached
- or-  **None - No reportable interests on any schedule**

**5. Verification**

CITY STATE ZIP CODE  
Scotts Valley CA 95066-4197  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( )

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/22/2018 10:19 PM Signature Electronic Submission  
(month, day, year) (File the originally signed statement with your filing official.)

