Statement of Organization
Recipient Committee

Statement Type
- Initial
- Amendment
- Termination - See Part 5

1. Committee Information
   I.D. Number
   (if applicable) 1411852

   NAME OF COMMITTEE
   Yes on 'N' Supported by Mayor Jim Reed and Vice Mayor Jack Dilles

   STREET ADDRESS (NO P.O. BOX)
   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)
   jackdilles@icloud.com

   COUNTY OF DOMICILE
   Santa Cruz

   JURISDICTION WHERE COMMITTEE IS ACTIVE
   City of Scotts Valley

   Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

   NAME OF TREASURER
   Jack Dilles

   STREET ADDRESS (NO P.O. BOX)
   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)
   CITY State ZIP CODE AREA CODE/PHONE

   NAME OF PRINCIPAL OFFICER(S)
   Jim Reed

   STREET ADDRESS (NO P.O. BOX)
   CITY State ZIP CODE AREA CODE/PHONE
   Scotts Valley CA 95066 831-461-0222

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 9/25/18 By Jack Dilles
   SIGNATURE OF TREASURER OR ASSISTANT TREASURER

   Executed on 9/7/3/18 By
   SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOINENT

   Executed on
   SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOINENT

   Executed on
   SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOINENT

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

Committee Name: Yes on N Supported by Mayor Jim Reed and Vice Mayor Jack Dilles

- All committees must list the financial institution where the campaign bank account is located.

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santa Cruz County Bank</td>
<td>831-461-5000</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Scotts Valley</td>
<td>CA</td>
<td>95066</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Reed</td>
<td>Scotts Valley City Council</td>
<td>2018</td>
<td>Nonpartisan ✔</td>
</tr>
<tr>
<td>Jack Dilles</td>
<td>Scotts Valley City Council</td>
<td>2018</td>
<td>Nonpartisan ✔</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee** Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure N (transient occupancy tax)</td>
<td>City of Scotts Valley</td>
<td>SUPPORT ✔</td>
</tr>
</tbody>
</table>

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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.