Statement of Organization
Recipient Committee

Statement Type
☐ Initial  ☐ Amendment  ☐ Termination – See Part 5
☐ Not yet qualified or
☐ Date qualification threshold met
☐ Date qualification threshold met
9 / 13 / 18

1. Committee Information

NAME OF COMMITTEE
Derek Timm For City Council 2018
City of Scotts Valley

STREET ADDRESS (NO P.O. BOX)
Scotts Valley

CITY STATE ZIP CODE AREA CODE/PHONE
Scotts Valley CA 95066 831.239.9203

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
Derek@Timm4SV.com/ 831.401.2439

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Santa Cruz Scotts Valley, CA

NAME OF TREASURER
Chuck Maffia

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Scotts Valley CA 95066 831.345.8889

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

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 10/2/18
Executed on 10/2/18
Executed on
Executed on

By
By
By
By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

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

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Derek Timm For City Council 2018

- 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>

- Address
  - Scotts Valley
  - CA
  - 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.

<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>Derek Timm</td>
<td>Scotts Valley City Council</td>
<td></td>
<td>Nonpartisan ✔ Partisan</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) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME.</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>
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