Statement of Organization

Recipient Committee

1. Committee Information

NAME OF COMMITTEE
Dillers for Scotts Valley City Council 2020

NAME OF COMMITTEE
Dillers for Scotts Valley City Council 2020

STATE OF CALIFORNIA
Scotts Valley
CA 95066
(831) 566-3180

Scotts Valley, CA 95066
(831) 566-3180

P.O. Box 66123 Scotts Valley, CA 95067

E-mail: DillersCouncil@gmail.com

City of Scotts Valley

Santa Cruz
City of Scotts Valley

NAME OF TREASURER
Jack Dillers

STATE OF CALIFORNIA
Scotts Valley
CA 95066
(831) 438-4808

Scotts Valley, CA 95066
(831) 438-4808

2. Treasurer and Other Principal Officers

STATE OF CALIFORNIA
Scotts Valley
CA 95066
(831) 566-3180

E-mail: DillersCouncil@gmail.com

City of Scotts Valley

Santa Cruz
City of Scotts Valley

NAME OF ASSOCIATE TREASURER
Lisa Dillers

STATE OF CALIFORNIA
Scotts Valley
CA 95066
(831) 438-4808

Scotts Valley, CA 95066
(831) 438-4808

3. Verification

I have used 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 11/3/19
By
Signature of Treasurer or Assistant Treasurer

Executed on 11/3/19
By
Signature of Controller in Charge of State Measure Program

Executed on
By
Signature of Controller in Charge of State Measure Program

Executed on
By
Signature of Controller in Charge of State Measure Program

PPCC Form 410 (August/2018)

PPCC Advice: advice@ppcc.ca.gov (866/275-3771)
www.ppcc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Dilles for Scotts Valley City Council 2020

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

NAME OF FINANCIAL INSTITUTION
Santa Cruz County Bank

AREA/ZIP CODE
(831) 461-5000

FAX/ADDRESS
State
CA 95066

4. Type of Committee Complete the applicable sections.

 Controlled Committee

• List the name of each controlling officer/holder, candidate, or state measure proponent. If candidate or officer/holder 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 officer/holder 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/OFFICER/HOLDER/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>Jack Dilles</td>
<td>City Council, City of Scotts Valley</td>
<td>2020</td>
<td>Nonpartisan</td>
</tr>
</tbody>
</table>

Primary 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>
</tr>
</thead>
</table>

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (800)275-3772,
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Dillies for Scotts Valley City Council 2020

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
CITY CODE
AREA CODE/PHONE

Small Contributor Committee
☐ (grayed out)

5. Termination Requirements

By signatures of the treasurer, assistant treasurer and/or candidates, officer, or entity, of the committee 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 required reports 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.

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