# Statement of Organization

## Recipient Committee

**Statement Type**

- Initial
  - Not yet qualified or
  - Date qualification threshold met

**Date qualification threshold met:** 11_25_2019

### 1. Committee Information

**I.D. Number (if applicable):** 14-22689

**NAME OF COMMITTEE:** Dilles for Scotts Valley City Council 2020

**MAILING ADDRESS:**
- **City:** Scotts Valley, CA
- **State:** CA
- **ZIP Code:** 95066
- **Telephone:** (831) 566-3180

**OFFICIAL ADDRESS:**
- **City:** Scotts Valley, CA
- **State:** CA
- **ZIP Code:** 95067

**E-MAIL ADDRESS:** dilles4council@gmail.com

**COUNTY OF ORIGIN:** Santa Cruz
**CITY OF ORIGIN:** Scotts Valley

### 2. Treasurer and Other Principal Officers

**NAME OF TREASURER:** Jack Dilles

**MAILING ADDRESS:**
- **City:** Scotts Valley, CA
- **State:** CA
- **ZIP Code:** 95066
- **Telephone:** (831) 566-3180

**OFFICIAL ADDRESS:**
- **City:** Scotts Valley, CA
- **State:** CA
- **ZIP Code:** 95067

**E-MAIL ADDRESS:** dilles4council@gmail.com

**OFFICIAL ADDRESS:**
- **City:** Scotts Valley, CA
- **State:** CA
- **ZIP Code:** 95067

**STREET ADDRESS:**
- **Street:** E. 5th St.
- **City:** Scotts Valley
- **State:** CA
- **ZIP Code:** 95067

**DATE OF ORIGIN:** 11_25_2019

**FILING DATE:** 11_25_2019

**FILE NUMBER:** 14-22689

### 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_25_2019
- **By:** [Signature]

**DATE OF ORIGIN:** 11_25_2019

**FILING DATE:** 11_25_2019

**FILE NUMBER:** 14-22689

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**FPPC Form 410 (August/2018)**

**FPPC Advice:** advice@fppc.ca.gov (866/775-3772)

**www.fppc.ca.gov**
**Statement of Organization**

**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**Dilles for Scotts Valley City Council 2020**

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>PHONE NUMBER</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>Scotts Valley</td>
<td>CA</td>
<td></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 PROPOSED</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/Scotts Valley</td>
<td>2020</td>
<td>Nonpartisan</td>
</tr>
</tbody>
</table>

**Type-II Formed Committee**

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

<table>
<thead>
<tr>
<th>CANDIDATE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURES/MEASURES PROPOSED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Statement of Organization

**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>Dilles for Scotts Valley City Council 2020</th>
</tr>
</thead>
</table>

#### 4. Type of Committee

- **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.

<table>
<thead>
<tr>
<th>NAME OF SPONSOR</th>
<th>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET ADDRESS</td>
<td>ANG. AND STREET</td>
</tr>
<tr>
<td></td>
<td>CITY</td>
</tr>
<tr>
<td></td>
<td>STATE</td>
</tr>
<tr>
<td></td>
<td>ZIP茄</td>
</tr>
</tbody>
</table>

**Small Contributor Committee**

- **Unqualified**

#### 5. Termination Requirements

- By signing this verification, the treasurer, assistant treasurer and/or candidate, officers, 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 18880 and FPPC Regulation 18521.5.

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FPPC Form 410 (August/2018)

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