Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☒ Amendment
☐ Termination – See Part II

Date qualification threshold met
01/16/20

Date of termination

1. Committee Information
I.D. Number
1423931

NAME OF COMMITTEE
Save Scotts Valley - Yes on Z Supported by Council Members Dilles, Johnson, Lind, Reed, and Timm

STREET ADDRESS (NO P.O. BOX)

CITY
Scotts Valley

STATE
CA

ZIP CODE
95066

AREA CODE/PHONE
(831) 566-3180

FULL MAILING ADDRESS (IF DIFFERENT)
P. O. Box 66123, Scotts Valley, CA 95067

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
SaveScottsValleyNow@gmail.com

COUNTY OF DOMICILE
Santa Cruz County

JURISDICTION WHERE COMMITTEE IS ACTIVE
City of Scotts Valley

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Jack Dilles

STREET ADDRESS (NO P.O. BOX)

CITY
Scotts Valley

STATE
CA

ZIP CODE
95066

AREA CODE/PHONE
(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)
Randy Johnson (See attached continuation sheet for other Principal Officers)

STREET ADDRESS (NO P.O. BOX)

CITY
Scotts Valley

STATE
CA

ZIP CODE
95066

AREA CODE/PHONE
(831) 359-2099

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 01/16/2020
By

Executed on 01/16/2020
By

Executed on
By

Executed on
By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER
(Signing on behalf of all Principal Officers)

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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
Save Scotts Valley - Yes on Z Supported by Council Members Dilles, Johnson, Lind, Reed, and Timm

• 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/DOWN</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>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jack Dilles</td>
<td>City Council, City of Scotts Valley</td>
<td>2016</td>
<td>Nonpartisan</td>
<td>✔</td>
</tr>
<tr>
<td>Randy Johnson</td>
<td>City Council, City of Scotts Valley</td>
<td>2016</td>
<td>Nonpartisan</td>
<td>✔</td>
</tr>
</tbody>
</table>

(See attached continuation sheet for other controlling officeholders)

Primarily Formed Committee

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

<table>
<thead>
<tr>
<th>MEASURE(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 Z (sales tax)</td>
<td>City of Scotts Valley</td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

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Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Save Scotts Valley - Yes on Z Supported by Council Members Dilles, Johnson, Lind, Reed, and Timm

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.

<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>NO. AND STREET</td>
</tr>
<tr>
<td>CITY</td>
<td>ZIP CODE</td>
</tr>
<tr>
<td>STATE</td>
<td>AREA CODE/PHONE</td>
</tr>
</tbody>
</table>

- **Small Contributor Committee**

  ☐ Date qualified

5. Termination Requirements

- 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.
Statement of Organization
Recipient Committee
Committee Name: Save Scotts Valley - Yes on Z Supported by Council Members Dilles, Johnson, Lind, Reed, and Timm
I. D. Number: 1423931
(Continuation Sheet)

Section 2. Treasurer and Other Principal Officers
Additional Principal Officers:

Donna Lind
Scotts Valley, CA 95066
(831) 438-4187

Jim Reed
Scotts Valley, CA 95066
(831) 707-4993

Derek Timm
Scotts Valley, CA 95066
(831) 239-9203

Section 4. Type of Committee
Controlled Committee
Additional Controlling Officeholders

<table>
<thead>
<tr>
<th>Name of Officeholder</th>
<th>Elective Office Held</th>
<th>Year of Election</th>
<th>Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donna Lind</td>
<td>City Council, City of Scotts Valley</td>
<td>2016</td>
<td>Nonpartisan</td>
</tr>
<tr>
<td>Jim Reed</td>
<td>City Council, City of Scotts Valley</td>
<td>2018</td>
<td>Nonpartisan</td>
</tr>
<tr>
<td>Derek Timm</td>
<td>City Council, City of Scotts Valley</td>
<td>2018</td>
<td>Nonpartisan</td>
</tr>
</tbody>
</table>