Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 01/01/2020 through 01/18/2020
Date of election if applicable:
(Month, Day, Year)
03/03/2020

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
- Option A: Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall (Also Complete Part 5)
- Option B: General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Option C: Primarily Formed Ballot Measure Committee
  - Controlled
  - Sponsored (Also Complete Part 4)
- Option D: Primarily Formed Candidate/Officeholder Committee (Also Complete Part 4)

2. Type of Statement:
- Preelection Statement
- Semi-annual Statement
- Quarterly Statement
- Termination Statement (Also file a Form 410 Termination)
- Special Odd-Year Report
- Amendment (Explain below)

3. Committee Information

Committee Name (Or Candidate's Name if No Committee):
Save Scotts Valley - Yes on Z Supported by Council Members Dillies, Johnson, Lind, Reed, and Timm
I.D. Number
1423931
Street Address (No P.O. Box):
CITY
Scotts Valley
STATE
CA
ZIP Code
95066
AREA CODE/PHONE
(831) 566-3180
Mailing Address (If Different) No. and Street or P.O. Box:
P.O. Box 66123
CITY
Scotts Valley
STATE
CA
ZIP Code
95067
AREA CODE/PHONE
(831) 566-3180

4. Verification
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 01/23/2020
Date

Executed on 01/23/2020
Date

Executed on
Date

Executed on
Date

Treasurer(s)
NAME OF TREASURER
Jack Dillies
MAILING ADDRESS
P.O. Box 66123
CITY
Scotts Valley
STATE
CA
ZIP Code
95067
AREA CODE/PHONE
(831) 566-3180

NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS
CITY
STATE
ZIP Code
AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

FFPC Form 460 (Jan/2016)
FFPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ YES ☐ NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Scotts Valley sales tax &quot;Scotts Valley City Services Protection Measure&quot;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z</td>
<td>City of Scotts Valley</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>☑ SUPPORT</th>
<th>☐ OPPOSE</th>
</tr>
</thead>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Jack Dilles, 2) Randy Johnson, 3) Donna Lind, 4) Jim Reed, &amp; 5) Derek Timm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1), 2), 3), 4), &amp; 5): City Council Member</td>
<td>N/A</td>
</tr>
</tbody>
</table>

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ SUPPORT ☐ OPPOSE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ SUPPORT ☐ OPPOSE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ SUPPORT ☐ OPPOSE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ SUPPORT ☐ OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
## Contributions Received

1. Monetary Contributions Schedule A, Line 3 $4,000.00 $5,000.00
2. Loans Received Schedule B, Line 3 $- 0 - $- 0 -
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 $4,000.00 $5,000.00
4. Nonmonetary Contributions Schedule C, Line 3 $1,780.97 $1,780.97
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 $5,780.97 $6,780.97

## Expenditures Made

6. Payments Made Schedule F, Line 4 $50.00 $50.00
7. Loans Made Schedule H, Line 3 $- 0 - $- 0 -
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 $50.00 $50.00
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 $- 0 - $- 0 -
10. Nonmonetary Adjustment Schedule C, Line 3 $1,780.97 $1,780.97
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 $1,830.97 $1,830.97

## Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16 $1,000.00
13. Cash Receipts Column A, Line 3 above $4,000.00
14. Miscellaneous Increases to Cash Schedule I, Line 4 $- 0 -
15. Cash Payments Column A, Line 8 above $50.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 $4,950.00

If this is a termination statement, Line 16 must be zero.

## Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 $- 0 -
18. Cash Equivalents See instructions on reverse $- 0 -
19. Outstanding Debts Add Line 2 + Line 9 in Column B above $- 0 -

### Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

- Contributions Received 1/1 through 6/30 7/1 to Date
  - 20. Contributions Received $ $ 
  - 21. Expenditures Made $ $ 

### Expenditure Limit Summary for State Candidates

- Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
  - Date of Election (mm/dd/yy) Total to Date
  - / / $ 
  - / / $ 

*Amounts in this section may be different from amounts reported in Column B.
## Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
   (Include all Schedule A subtotals.) $ 4,000.00
2. Amount received this period – unitemized monetary contributions of less than $100 $ 0
3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL $ 4,000.00

---

**Schedule A**  
**Monetary Contributions Received**

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
</table>
| 01/16/20      | Donna Lind  
Scotts Valley, CA 95066 | ✓ IND  
COM  
OTH  
PTY  
SCC | City Council Member  
City of Scotts Valley | 1,000.00 | 1,000.00 | |
| 01/18/20      | Peggy Perri  
Scotts Valley, CA 95066 | ✓ IND  
COM  
OTH  
PTY  
SCC | self-employed bookkeeper  
Peggy Perri | 2,500.00 | 2,500.00 | |
| 01/16/20      | John C. Colligan  
Capitola, CA 95010 | ✓ IND  
COM  
OTH  
PTY  
SCC | self-employed  
South Swell Ventures, LLC | 500.00 | 500.00 | |

**SUBTOTAL $ 4,000.00**
### Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.  
(AInclude all Schedule C subtotals.) $1,755.47

2. Amount received this period – unitemized nonmonetary contributions of less than $100 $25.50

3. Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL $1,780.97
**Schedule E**
Payments Made

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period from</th>
<th>CALIFORNIA FORM 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2020</td>
<td></td>
</tr>
<tr>
<td>through 01/18/2020</td>
<td></td>
</tr>
<tr>
<td>I.D. NUMBER</td>
<td>1423931</td>
</tr>
</tbody>
</table>

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

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

**NAME AND ADDRESS OF PAYEE**
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

<table>
<thead>
<tr>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 0 -</td>
</tr>
</tbody>
</table>

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ................................................................. $ - 0 -
2. Unitemized payments made this period of under $100 ................................................................................................. $ 50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ....................... $ - 0 -
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ........ TOTAL $ 50.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ - 0 -