Recipient Committee
Campaign Statement
Cover Page

Statement covers period:
from 07/01/2019
through 12/31/2019

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.
   - Primarily Formed Ballot Measure Committee
   - Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:
   - Pre-election Statement
   - Semi-annual Statement
   - Termination Statement (Also file a Form 410 Termination)
   - Amendment (Explain below)

3. Committee Information
   - I.D. NUMBER
     1423931
   - COMMITTEE NAME (OR CANDIDATE'S NAME & NO 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
     Phone: (831) 566-3180
   - MAILING ADDRESS
     P. O. Box 68123
     Scotts Valley, CA 95067
     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 01/16/2020

By
Signature of Person Authorizing the Filing
(Signing on behalf of all Principal Officers)

FPPC Form 460 (Jan/2016)
ppcc-Advice: advice@fppc.ca.gov (666/275-3772)
www.fppc.ca.gov
6. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE

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Attach continuation sheets if necessary

FFPC Form 460 (Jan/2016)
FFPC Advice: advice@ffpc.ca.gov (866/275-3772)
www.ffpc.ca.gov
### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
<th>Calendar Year Summary for Candidates Running in Both the State Primary and General Elections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$1,000</td>
<td>$1,000</td>
<td></td>
</tr>
<tr>
<td>Loans Received</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Subtotal Cash Contributions</td>
<td>$1,000</td>
<td>$1,000</td>
<td></td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$1,000</td>
<td>$1,000</td>
<td></td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
<th>Calendar Year Summary for Candidates Running in Both the State Primary and General Elections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Loans Made</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Subtotal Cash Payments</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$0</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$1,000</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$0</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$0</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>$0</td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>$0</td>
</tr>
</tbody>
</table>
Schedule A
Monetary Contributions Received

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.O. 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 CALENDARYEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/26/19</td>
<td>John Patrick Weiss, Henderson, NV 89052</td>
<td>IND</td>
<td>self-employed John P. Weiss, Artist &amp; Writer</td>
<td>1,000</td>
<td>1,000</td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 1,000

Schedule A Summary
1. Amount received this period – Itemized monetary contributions.
   (Include all Schedule A subtotals.) $ 1,000
2. Amount received this period – Unitemized monetary contributions not 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 $ 1,000