Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Amendment
☑ Termination – See Part B

Date of termination: 11/20/2020

1. Committee Information

I.D. Number: 1422689

NAME OF COMMITTEE
Dilles for Scotts Valley City Council

STREET ADDRESS (NO P.O. BOX)

CITY
Scotts Valley
STATE
CA
ZIP CODE
95066
AREA CODE/PHONE
(831) 566-3180

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
Lisa Dilles

STREET ADDRESS (NO P.O. BOX)

CITY
Scotts Valley
STATE
CA
ZIP CODE
95066
AREA CODE/PHONE
(831) 566-3180

JURISDICTION WHERE COMMITTEE IS ACTIVE
Santa Cruz
City of Scotts Valley

Attach additional information on appropriately labeled continuation sheets.

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: 11/20/2020
By: Jack Dilles

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

FPCC Form 410 (August/2018)
FPCC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov