Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 9/25/2022
through 10/22/2022

Date of election if applicable:
(Month, Day, Year)
11/8/2022

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee:  All Committees – Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall
     (Also Complete Part 5)
   - [ ] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
     - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Ballot Measure Committee
     - [ ] Controlled
     (Also Complete Part 6)
   - [ ] Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 7)

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

3. Committee Information
   I.D. NUMBER
   1454407
   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
   TIMMS FOR CITY COUNCIL: ALLAN
   STREET ADDRESS (NO P.O. BOX)
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   Scotts Valley
   CA
   95066
   408-402-1733
   Mailing Address (If Different) No. And Street Or P.O. Box
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   Scotts Valley
   CA
   95066
   408-724-0741
   NAME OF TREASURER
   Laurie Timms
   MAILING ADDRESS
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   Scotts Valley
   CA
   95066
   408-402-1733
   NAME OF ASSISTANT TREASURER, IF ANY
   MAILING ADDRESS
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   Scotts Valley
   CA
   95066
   408-724-0741
   OPTIONAL: FAX / E-MAIL ADDRESS
   allan@timms.tv
   optional: fax / e-mail address
   laurie@timms.tv

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 10/27/2022
   Executed on 10/27/2022
   Executed on
   Executed on
   Date
   Date
   Date
   Date

   By
   Signature of Treasurer or Assistant Treasurer

   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

| NAME OF OFFICEHOLDER OR CANDIDATE                  | ALLAN TIMMS |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | CITY COUNCIL OF SCOTTS VALLEY |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) |           |
| CITY                                      | State | Zip |
|                                        | Scotts Valley | CA | 95066 |

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>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<p>| NAME OF BALLOT MEASURE |</p>
<table>
<thead>
<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD</td>
<td>DISTRICT NO. IF ANY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

| NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT |

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>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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

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

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

Attach continuation sheets if necessary

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www.fppc.ca.gov
### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (From Attached Schedules)</th>
<th>Column B (Calendar Year Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$1343.80</td>
<td>$2268.80</td>
</tr>
<tr>
<td>Loans Received</td>
<td>0</td>
<td>2500.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$1343.80</td>
<td>$4768.80</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$1343.80</td>
<td>$4768.80</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (From Attached Schedules)</th>
<th>Column B (Calendar Year Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$1082.34</td>
<td>$4013.68</td>
</tr>
<tr>
<td>Loans Made</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$1082.34</td>
<td>$4013.68</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$1173.47</td>
<td>$1173.47</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$2255.81</td>
<td>$5187.15</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (From Attached Schedules)</th>
<th>Column B (Calendar Year Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$493.66</td>
<td></td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$1343.80</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$1082.34</td>
<td></td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$755.12</td>
<td></td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$493.66</td>
<td></td>
</tr>
</tbody>
</table>

### Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (From Attached Schedules)</th>
<th>Column B (Calendar Year Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumulative Expenditures Made*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Election (mm/dd/yy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total to Date</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
## Schedule A
Monetary Contributions Received

**NAME OF FILER:**
ALLAN TIMMS

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</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>
<tbody>
<tr>
<td>10/8/2022</td>
<td>Richard Schmidt</td>
<td>☑ IND</td>
<td>Musician, Retired</td>
<td>$100</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scotts Valley, CA 95066</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/11/2022</td>
<td>Roger &amp; Michele Snyder</td>
<td>☑ IND</td>
<td>RN, Sutter Health (PAMF)</td>
<td>$100</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scotts Valley, CA 95066</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/11/2022</td>
<td>Julie Orr Design</td>
<td>☑ IND</td>
<td>Landscape Design, Julie Orr Design</td>
<td>$100</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scotts Valley, CA 95067</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/11/2022</td>
<td>Donna Lind</td>
<td>☑ IND</td>
<td>Mayor, Scotts Valley City of Scotts Valley</td>
<td>$100</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Valley, CA 95066</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/11/2022</td>
<td>Steven Simonovich</td>
<td>☑ IND</td>
<td>Business Owner Santa Cruz pasta factory and Neto's sausage</td>
<td>$100</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scotts Valley, CA 95066</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $ 500**

### Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
   (Include all Schedule A subtotals.) $674.80

2. Amount received this period – unitemized monetary contributions of less than $100 $669

3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL $1343.80

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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<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>
<tbody>
<tr>
<td>10/13/2022</td>
<td>Derek Timm #1453125 (REIMBURSEMENT)</td>
<td>☐ IND</td>
<td>☑ COM</td>
<td>$174.80</td>
<td>$174.80</td>
<td>$174.80</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ OTH</td>
<td>☐ PTY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 174.80

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee
Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 9/25/2022 through 10/22/2022

ALLAN TIMMS

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>FND</td>
<td>Half cost of TIMM/TIMMS campaign event</td>
<td>$190.73</td>
</tr>
<tr>
<td>CMP</td>
<td>Half cost of TIMM/TIMMS signs</td>
<td>$891.61</td>
</tr>
</tbody>
</table>

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

Schedule E Summary

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Itemized payments made this period. (Include all Schedule E subtotals.)</td>
<td>$1082.34</td>
</tr>
<tr>
<td>Unitemized payments made this period of under $100.</td>
<td>$0</td>
</tr>
<tr>
<td>Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)).</td>
<td>$0</td>
</tr>
<tr>
<td>Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)</td>
<td>TOTAL $1082.34</td>
</tr>
</tbody>
</table>

FPPC Form 460 [Jan/2016]
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www.fppc.ca.gov
## Schedule F

**Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

### Statement covers period
- **from** 9/25/2022
- **through** 10/22/2022

### NAME OF FILER
- **ALLAN TIMMS**

### CODES:
- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVG 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 circulatng
- 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 l.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 CREDITOR
- **DEREK TIMM for City Council #1453125**
  - Scotts Valley, CA 95066
- **DEREK TIMM for City Council #1453125**
  - Scotts Valley, CA 95066

<table>
<thead>
<tr>
<th>Name and Address of Creditor</th>
<th>Code or Description of Payment</th>
<th>Outstanding Balance Beginning of This Period</th>
<th>Amount Incurred This Period</th>
<th>Amount Paid This Period</th>
<th>Outstanding Balance at Close of This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Derek Timm for City Council #1453125</td>
<td>CMP</td>
<td>$0</td>
<td>$617.50</td>
<td>$0</td>
<td>$617.50</td>
</tr>
<tr>
<td></td>
<td>Half printing cost</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Derek Timm for City Council #1453125</td>
<td>POS</td>
<td>$0</td>
<td>$555.97</td>
<td>$0</td>
<td>$555.97</td>
</tr>
<tr>
<td></td>
<td>Half mailing cost</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.)

   **INCURRED TOTALS $ 1173.47**

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.)

   **PAID TOTALS $ 0**

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

   **NET $ 1173.47**

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

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**FPPC Form 460 (Jan/2016)**

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