**1. Committee Information**

- **NAME OF COMMITTEE:** ALLAN TIMMS FOR CITY COUNCIL 2022

- **STREET ADDRESS:**
  - **CITY:** SCOTTS VALLEY
  - **STATE:** CA
  - **ZIP CODE:** 95066
  - **AREA CODE/PHONE:** 408-402-1733

**2. Treasurer and Other Principal Officers**

- **NAME OF TREASURER:** LAURIE TIMMS

- **NAME OF ASSISTANT TREASURER, IF ANY:**

- **CITY:** SCOTTS VALLEY
  - **STATE:** CA
  - **ZIP CODE:** 95066
  - **AREA CODE/PHONE:** 408-402-1733

**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:** 8/28/22
  - **DATE:**
  - **By:** ALLAN TIMMS
  - **SIGNATURE OF TREASURER OR ASSISTANT TREASURER:**

- **Executed on:** 8/26/22
  - **DATE:**
  - **By:** ALLAN TIMMS
  - **SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent:**

- **Executed on:**
  - **DATE:**
  - **By:**
  - **SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent:**

- **Executed on:**
  - **DATE:**
  - **By:**
  - **SIGNATURE OF CONTROLLING OFFICER/HOLDER, 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

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>ALLAN TIMMS FOR CITY COUNCIL 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT YET QUALIFIED - WILL UPDATE ASAP.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

- 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/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>CITY</td>
<td>STATE ZIP CODE</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 PROponent</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD</th>
<th>YEAR OF ELECTION</th>
<th>PARTY CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLAN TIMMS</td>
<td>SCOTTs VALLEY CITY COUNCIL</td>
<td>2022</td>
<td>Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Partisan</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>