Statement of Organization
Recipient Committee

Statement Type
☑ Termination – See Part 5
☐ Initial
☐ Amendment
☐ Not yet qualified
☐ Date qualification threshold met
☐ Date qualification threshold met

Date of termination
11 / 07 / 2023

1. Committee Information

I.D. Number
1453125

NAME OF COMMITTEE
TIMM FOR CITY COUNCIL 2022

NAME OF TREASURER
Chuck Maffia

STREET ADDRESS (NO PO. BOX)

CITY
Scotts Valley
STATE
CA
ZIP CODE
95066

EMAIL ADDRESS OF TREASURER (REQUIRED)

AREA CODE/PHONE
831 345 8689

NAME OF ASSISTANT TREASURER, IF ANY

FULL MAILING ADDRESS (IF DIFFERENT)

EMAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE
Santa Cruz
JURISDICTION WHERE COMMITTEE IS ACTIVE
City of Scotts Valley

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
11/13/2023
DATE
By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

FPCC Form 410 (October/2023)
FPCC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
TIMM FOR CITY COUNCIL 2022

- All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS
Santa Cruz County Bank

AREA CODE/CALL PHONE
831 461 5000

BANK ACCOUNT NUMBER

ADDRESS OF FINANCIAL INSTITUTION

CITY
Scotts Valley

STATE
CA

ZIP CODE
95066

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 PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nonpartisan Partisan (list political party below)</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) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Derek Timm</td>
<td>City Council for City of Scotts Valley</td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

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