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)
   - [x] Primarily Formed Ballot Measure Committee
   - [ ] Controlled
   - [ ] Sponsored
   - (Also Complete Part 6)
   - [ ] General Purpose Committee
   - [ ] Sponsored
   - [ ] Small Contributor Committee
   - [ ] Political Party/Central Committee
   - (Also Complete Part 7)
   - [ ] Primarily Formed Candidate/Officeholder Committee

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

3. Committee Information

   **COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)**
   Save Scotts Valley - Yes on Z Supported by Council Members Dilles, Johnson, Lind, and Timm

   **I.D. NUMBER**
   1423931

   **STREET ADDRESS (NO P.O. BOX)**
   Scotts Valley
   CA 95066

   **CITY**
   Scotts Valley
   **STATE**
   CA
   **ZIP CODE**
   95066

   **MAILING ADDRESS**
   Scotts Valley
   **STATE**
   CA
   **ZIP CODE**
   95066

   **Mailing Address (if different) No and street or P.O. Box**
   **CITY**
   **STATE**
   **ZIP CODE**
   **AREA CODE/PHONE**
   Scotts Valley
   CA
   95066
   (831) 566-3180

   **NAME OF TREASURER**
   Jack Dilles

   **MAILING ADDRESS**
   **CITY**
   **STATE**
   **ZIP CODE**
   **AREA CODE/PHONE**
   Scotts Valley
   CA
   95067
   (831) 566-3180

   **NAME OF ASSISTANT TREASURER, IF ANY**

   **MAILING ADDRESS**

   **CITY**
   **STATE**
   **ZIP CODE**
   **AREA CODE/PHONE**

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 **1/26/2024**
   By [Signature]
   (Signing on behalf of all controlling officeholders)

   Executed on **01/26/2024**
   By [Signature]
   (Signing of Controller of Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

   Executed on **Date**
   By [Signature]
   (Signing of Controller of Officeholder, Candidate, State Measure Proponent)

   Executed on **Date**
   By [Signature]
   (Signing of Controller of Officeholder, Candidate, State Measure Proponent)
### 5. 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.*

<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>
</tbody>
</table>

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

**CITY** **STATE** **ZIP CODE** **AREA CODE/PHONE**

### 6. Primarily Formed Ballot Measure Committee

**NAME OF BALLOT MEASURE**

Scotts Valley City Services Protection Measure

**BALLOT NO. OR LETTER** **Z**

**JURISDICTION** City of Scotts Valley

**IDENTIFY THE CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT, IF ANY.**

1) Jack Dilles, 2) Randy Johnson, 3) Donna Lind, & 4) Derek Timm

**OFFICE SOUGHT OR HELD**

1), 2), 3) & 4) City Council Member

**DISTRICT NO. IF ANY** N/A

**SUPPORT** **OPPOSE**

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

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

**CITY** **STATE** **ZIP CODE** **AREA CODE/PHONE**

*Attach continuation sheets if necessary*
### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Loans Received</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$0</td>
<td>$0</td>
</tr>
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</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$50.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Loans Made</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$50.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$50.00</td>
<td>$50.00</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>$528.41</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$0</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$0</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$478.41</td>
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</table>

*If this is a termination statement, Line 16 must be zero.*

### 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 D
Summary of Expenditures
Supporting/Opposing Other Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Save Scotts Valley - Yes on Z Supported by Council Members Dilles, Johnson, Lind, and Timm

I.D. NUMBER
1423931

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION (IF REQUIRED)</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Monetary Contribution □ Nonmonetary Contribution □ Independent Expenditure □ Support □ Oppose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Monetary Contribution □ Nonmonetary Contribution □ Independent Expenditure □ Support □ Oppose</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 0

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ............................................... $ - 0 -
2. Unitemized contributions and independent expenditures made this period of under $100 ............................................... $ 50.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ........... TOTAL: $ 50.00

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov