**Statement of Organization**
**Recipient Committee**

**Statement Type**
- [ ] Initial
- [ ] Amendment
- [ ] Termination – See Part 5

**Date of termination**

<table>
<thead>
<tr>
<th>Date Stamp</th>
<th>CALIFORNIA FORM 410</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCT 08 2018</td>
<td>1409415</td>
</tr>
</tbody>
</table>

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### 1. Committee Information

<table>
<thead>
<tr>
<th>NAME OF COMMITTEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Derek Timm For City Council 2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY of Scotts Valley</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Taryn Court</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scotts Valley</td>
<td>CA</td>
<td>95066</td>
<td>831.239.9203</td>
</tr>
</tbody>
</table>

**E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)**

Derek@Timm4SV.com/ 831.401.2439

**COUNTY OF DOMICILE**

Santa Cruz

**JURISDICTION WHERE COMMITTEE IS ACTIVE**

Scotts Valley, CA

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**2. Treasurer and Other Principal Officers**

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chuck Maffia</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1085 Whispering Pines Drive</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
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<tbody>
<tr>
<td>Scotts Valley</td>
<td>CA</td>
<td>95066</td>
<td>831.345.8889</td>
</tr>
</tbody>
</table>

**NAME OF ASSISTANT TREASURER, IF ANY**

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**NAME OF PRINCIPAL OFFICER(S)**

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**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**

<table>
<thead>
<tr>
<th>DATE</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>10/2/18</td>
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</table>

**SIGNED**

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FPCC Form 410 (August/2018)

FPCC Advice: advice@fpcc.ca.gov (866/275-3772)

www.fpcc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Derek Timm For City Council 2018

• All committees must list the financial institution where the campaign bank account is located.

NAME OF INSTITUTION
Santa Cruz County Bank

ADDRESS
4604 Scotts Valley drive

FINANCIAL INSTITUTION
Santa Cruz County Bank

AREA CODE/PHONE
831 461 5000

BANK ACCOUNT NUMBER
33010093

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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT
Derek Timm

ELECTIVE OFFICE Sought OR HELD
Scotts Valley City Council

(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF ELECTION
Nonpartisan
Partisan

CHECK ONE

PARTY LISTED Below

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

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.

CANDIDATE(S) OFFICE Sought OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

SUPPORT
OPPOSE

SUPPORT
OPPOSE

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