

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial <input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met _____/_____/_____	<input checked="" type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
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Date Stamp

RECEIVED

OCT 24 2018

CITY OF SCOTTS VALLEY

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information	I.D. Number 1411852 <i>(if applicable)</i>	2. Treasurer and Other Principal Officers
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NAME OF COMMITTEE
Yes on N Supported by Mayor Jim Reed and Vice Mayor Jack Dilles

STREET ADDRESS (NO P.O. BOX)
226 Burlwood Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Scotts Valley	CA	95066	831-566-3180

FULL MAILING ADDRESS (IF DIFFERENT)
P. O. Box 66123, Scotts Valley, CA 95067

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
YesonN@ProtectSVServices.com

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

NAME OF TREASURER
Jack Dilles

STREET ADDRESS (NO P.O. BOX)
226 Burlwood Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Scotts Valley	CA	95066	831-566-3180

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Jim Reed

STREET ADDRESS (NO P.O. BOX)
225 Navigator Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Scotts Valley	CA	95066	831-461-0222

Attach additional information on appropriately labeled continuation sheets.

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	<u>10/17/18</u>	By	<u>[Signature]</u>
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>10/17/18</u>	By	<u>[Signature]</u>
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Yes on N Supported by Mayor Jim Reed and Vice Mayor Jack Dilles

I.D. NUMBER
1411852

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

NAME OF FINANCIAL INSTITUTION Santa Cruz County Bank	AREA CODE/PHONE 831-461-5000	BANK ACCOUNT NUMBER 33010158		
ADDRESS 4604 Scotts Valley Drive #10	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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
Jim Reed	Scotts Valley City Council	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Jack Dilles	Scotts Valley City Council	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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
Measure N (transient occupancy tax)	City of Scotts Valley	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
Yes on N Supported by Mayor Jim Reed and Vice Mayor Jack Dilles

4. Type of Committee (Continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
 CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPONSOR			
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE

Small Contributor Committee _____/_____/_____
Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.