# Statement of Organization

**Recipient Committee**

**Statement Type**
- [ ] Initial
- [ ] Not yet qualified
- [ ] Date qualification threshold met

**Date qualification threshold met**

**CALIFORNIA FORM 410**

**Name of Committee**
Derke Timm for City Council 2018

## 1. Committee Information

<table>
<thead>
<tr>
<th>I.D. Number (if applicable)</th>
<th>1409415</th>
</tr>
</thead>
</table>

## 2. Treasurer and Other Principal Officers

**NAME OF TREASURER**

<table>
<thead>
<tr>
<th>Chuck Maffia</th>
</tr>
</thead>
</table>

**STREET ADDRESS (NO P.O. BOX)**
1085 whispering Pines Drive

<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>831-345-8889</td>
</tr>
</tbody>
</table>

**NAME OF ASSISTANT TREASURER, IF ANY**

<table>
<thead>
<tr>
<th>NAME OF PRINCIPAL OFFICER(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chuck Maffia Treasurer</td>
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**County of Domicile**
Santa Cruz

**Jurisdiction where Committee is Active**
Scotts Valley

**Additional Information**
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**
- 12-28-18

**Signature of Treasurer or Assistant Treasurer**

**Executed on**
- 1-8-19

**Signature of Controlling Officeholder, Candidate, or State Measure Proponent**

**Executed on**

**Signature of Controlling Officeholder, Candidate, or State Measure Proponent**

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FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov