Statement of Organization
Recipient Committee

1. Committee Information
   NAME OF COMMITTEE
   Yes on N Supported by Mayor Jim Reed and Vice Mayor Jack Dilles

   STREET ADDRESS (NO PO. BOX)
   226 Burlwood Drive
   Scotts Valley, CA 95066

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

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

   COUNTY OF DOMICILE
   Santa Cruz

   JURISDICTION WHERE COMMITTEE IS ACTIVE
   City of Scotts Valley

2. Treasurer and Other Principal Officers
   NAME OF TREASURER
   Jack Dilles

   STREET ADDRESS (NO PO. BOX)
   226 Burlwood Drive
   Scotts Valley, CA 95066

   NAME OF ASSISTANT TREASURER, IF ANY
   

   STREET ADDRESS (NO PO. BOX)
   

   CITY
   Scotts Valley

   STATE
   CA

   ZIP CODE
   95066

   AREA CODE/PHONE
   831-566-3180

   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 12/15/18
   By
   Signature of Treasurer or Assistant Treasurer

   Executed on 12/19/18
   By
   Signature of Controlling Officer/Holder, Candidate, or State Measure Proponent

   Executed on
   By
   Signature of Controlling Officer/Holder, Candidate, or State Measure Proponent

   Executed on
   By
   Signature of Controlling Officer/Holder, Candidate, or State Measure Proponent

FFPC Form 410 (August/2018)
FPCC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

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.

<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>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Reed</td>
<td>Scotts Valley City Council</td>
<td>2018</td>
<td>Nonpartisan</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Partisan</td>
<td></td>
</tr>
<tr>
<td>Jack Dilles</td>
<td>Scotts Valley City Council</td>
<td>2018</td>
<td>Nonpartisan</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Partisan</td>
<td></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>Measure N (transient occupancy tax)</td>
<td>City of Scotts Valley</td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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

**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.

<table>
<thead>
<tr>
<th>NAME OF SPONSOR</th>
<th>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>NO. AND STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**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.