# Statement of Organization

**Recipient Committee**

**Statement Type**

- [ ] Initial
- [ ] Amendment
- [ ] Termination – See Part 5

1. **Committee Information**

   - **I.D. Number** (if applicable): Pending
   - **Name of Committee**: Diller for Scotts Valley City Council 2020
   - **Street Address and ZIP Code**: 226 Burlwood Drive
     Scotts Valley, CA 95066
   - **City**: Scotts Valley
   - **State**: CA
   - **ZIP Code**: 95066
   - **Phone Number**: (831) 566-3180
   - **Email Address**: DillerCouncil@gmail.com
   - **County of Organization**: Santa Cruz
   - **City or County of Committee’s Activities**: City of Scotts Valley

2. **Treasurer and Other Principal Officers**

   - **Name of Treasurer**: Diller, Jack
     - **Street Address and ZIP Code**: 226 Burlwood Drive
     Scotts Valley, CA 95066
     - **City**: Scotts Valley
     - **State**: CA
     - **ZIP Code**: 95066
     - **Phone Number**: (831) 566-3180
   - **Other Principal Officers**: Diller, Lisa
     - **Street Address and ZIP Code**: P.O. Box 66123 Scotts Valley, CA 95067
     - **City**: Scotts Valley
     - **State**: CA
     - **ZIP Code**: 95067
     - **Phone Number**: (831) 438-4808

Attach additional information on appropriately labeled continuation sheets.

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3. **Verification**

I have used 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.

- **Executive on**: 11/13/19
  - By: [Signature]
  - **Signature of Treasurer or Assistant Treasurer**
- **Executive on**: 11/13/19
  - By: [Signature]
  - **Signature of Controlling Officer/holder, Candidate, or State Measure Proponent**
- **Executive on**: [Date]
  - By: [Signature]
  - **Signature of Controlling Officer/holder, Candidate, or State Measure Proponent**
- **Executive on**: [Date]
  - By: [Signature]
  - **Signature of Controlling Officer/holder, Candidate, or State Measure Proponent**

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3771)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Diller for Scotts Valley City Council 2020

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

NAME OF FINANCIAL INSTITUTION
Santa Cruz County Bank

BANK ACOUNT NUMBER
(831) 461-5000

ADDRESS
4604 Scotts Valley Drive

CITY
Scotts Valley

STATE
CA

ZIP CODE
95066

4. Type of Committee

Complete the applicable sections.

Controlled Committee

• List the name of each controlling officer, 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 officerholder 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
Jack Diller

ELECTIVE OFFICE SOUGHT OR HELD
City Council

INCUMBENT DISTRICT NUMBER (IF APPLICABLE)

YEAR OF ELECTION
2020

PARTY
Nonpartisan

CHECK ONE

PRIMARY 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, issue "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)

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (800/275-3772)
www.fppc.ca.gov
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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Dilles for Scotts Valley City Council 2020

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

INDUSTRIAL GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee
☐ Yes ☐ No

5. Termination Requirements
By signing the verification, the treasurer, assistant treasurer and/or candidates, 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.

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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.

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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.