Statement of Organization Recipient Committee

1. Committee Information

NAME OF COMMITTEE: Dilles for Scotts Valley City Council 2020

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Jack Dilles

NAME OF ASSISTANT TREASURER: Lisa Dilles

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 correct.

Executed on ________________ By ________________

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/775-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE
Dilles for Scotts Valley City Council 2020

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NAME OF FINANCIAL INSTITUTION
Santa Cruz County Bank

AREA CODE/PHONE
(831) 461-5000

BANK ACCOUNT NUMBER
033010596

ADDRESS
4604 Scotts Valley Drive, Scotts Valley, CA 95066

4. Type of Committee complete the applicable sections.

Controlled Committee

• List the name of each controlling officerholder, candidate, or state measure proponent. If candidate or officerholder 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/OFFICERHOLDER/STATE MEASURE PROponent
Jack Dilles

ELECTIVE OFFICE SOUGHT OR HELD
City Council/City of Scotts Valley

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 LEBER)
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, IF APPLICABLE)

CHECK ONE

CANDIDATE(S)
SUPPORT
OPPOSE
NEUTRAL

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INSTRUCTIONS ON REVERSE

Committee Name: Dilles for Scotts Valley City Council 2020

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.

NAME OF SPONSOR

STREET ADDRESS

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

CITY

STATE

ZIP CODE

AREA CODE/PHONE

5. Termination Requirements

☐ By signing this verification, the treasurer, assistant treasurer and/or candidate, officer(s), or proprietor 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.

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