Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 11/13/2019
through 12/31/2019

Date of election if applicable:
(Month, Day, Year)
11/03/2020

1. Type of Recipient Committee:
   All Committees – Complete Parts 1, 2, 3, and 4.
   ☑ Officeholder, Candidate Controlled Committee
   ○ State Candidate Election Committee
   ○ Recall
   (Also Complete Part 5)
   ☐ General Purpose Committee
   ○ Sponsored
   ○ Small Contributor Committee
   ○ Political Party/Central Committee
   ☐ Primarily Formed Candidate/Officeholder Committee
       (Also Complete Part 7)
   ☑ Primarily Formed Ballot Measure Committee
   ○ Controlled
   ○ Sponsored
   (Also Complete Part 6)

2. Type of Statement:
   ☐ Pre-election Statement
   ☑ Semi-annual Statement
   ☑ Termination Statement
       (Also file a Form 410 Termination)
   ☐ Amendment (Explain below)

3. Committee Information
   I.D. NUMBER
   1422589
   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
   Dilles for Scotts Valley City Council 2020

   STREET ADDRESS (NO P.O. BOX)
   226 Burlwood Drive
   CITY
   Scotts Valley
   STATE
   CA
   ZIP CODE
   95066
   AREA CODE/PHONE
   (831) 566-3180

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   P. O. Box 66123
   CITY
   Scotts Valley
   STATE
   CA
   ZIP CODE
   95067
   AREA CODE/PHONE
   (831) 566-3180

   OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification
   I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 12/02/2020
   By
   Signature of Treasurer or Assistant Treasurer

   Executed on Date
   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on Date
   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Executed on Date
   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fiec.ca.gov
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Jack Dilles</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>City Council, City of Scotts Valley</td>
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<table>
<thead>
<tr>
<th>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>226 Burlwood Drive</td>
<td>Scotts Valley, CA 95066</td>
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</tbody>
</table>

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
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<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
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<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
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<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
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6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
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<table>
<thead>
<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
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</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent</th>
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<tbody>
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<thead>
<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
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<tbody>
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7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
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Attach continuation sheets if necessary.

FPFP Form 460 (Jan/2016)
FPFP Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Contributions Received

1. **Monetary Contributions**
   - Schedule A, Line 3
   - **$0**
   - **$0**

2. **Loans Received**
   - Schedule B, Line 3
   - **$2,000.00**
   - **$2,000.00**

3. **SUBTOTAL CASH CONTRIBUTIONS**
   - Add Lines 1 + 2
   - **$2,000.00**
   - **$2,000.00**

4. **Nonmonetary Contributions**
   - Schedule C, Line 3
   - **$0**
   - **$0**

5. **TOTAL CONTRIBUTIONS RECEIVED**
   - Add Lines 3 + 4
   - **$2,000.00**
   - **$2,000.00**

## Expenditures Made

6. **Payments Made**
   - Schedule E, Line 4
   - **$50.00**
   - **$50.00**

7. **Loans Made**
   - Schedule H, Line 3
   - **$0**
   - **$0**

8. **SUBTOTAL CASH PAYMENTS**
   - Add Lines 6 + 7
   - **$50.00**
   - **$50.00**

9. **Accrued Expenses (Unpaid Bills)**
   - Schedule F, Line 3
   - **$0**
   - **$0**

10. **Nonmonetary Adjustment**
    - Schedule C, Line 3
    - **$0**
    - **$0**

11. **TOTAL EXPENDITURES MADE**
    - Add Lines 8 + 9 + 10
    - **$50.00**
    - **$50.00**

## Current Cash Statement

12. **Beginning Cash Balance**
    - Previous Summary Page, Line 16
    - **$0**
    - **$2,000.00**

13. **Cash Receipts**
    - Column A, Line 3 above
    - **$0**

14. **Miscellaneous Increases to Cash**
    - Schedule I, Line 4
    - **$0**

15. **Cash Payments**
    - Column A, Line 8 above
    - **$50.00**

16. **ENDING CASH BALANCE**
    - Add Lines 12 + 13 + 14, then subtract Line 15
    - **$1,950.00**

   *If this is a termination statement, Line 16 must be zero.*

## Loan Guarantees Received

17. **Loan Guarantees Received**
    - Schedule B, Part 2
    - **$0**

## Cash Equivalents and Outstanding Debts

18. **Cash Equivalents**
    - See instructions on reverse
    - **$0**

19. **Outstanding Debts**
    - Add Line 2 + Line 9 in Column B above
    - **$2,000.00**

---

**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**

- **Contributions Received**
  - 1/1 through 6/30
  - 7/1 to Date
- **Expenditures Made**

**Expenditure Limit Summary for State Candidates**

- **Cumulative Expenditures Made**
  - (If Subject to Voluntary Expenditure Limit)
  - Date of Election (mm/dd/yy)
  - Total to Date

*Amounts in this section may be different from amounts reported in Column B.*
## Schedule B - Part 1
### Loans Received

**Amounts may be rounded to whole dollars.**

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th><strong>CALIFORNIA</strong> FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 11/13/2019</td>
<td>460</td>
</tr>
<tr>
<td>through 12/31/2019</td>
<td></td>
</tr>
</tbody>
</table>

**Page 4 of 5**

**NAME OF FILER**

Dilles for Scotts Valley City Council 2020

**I.D. NUMBER**

1422689

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<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE</th>
<th>OCCUPATION AND EMPLOYER</th>
<th>OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>INTEREST PAID THIS PERIOD</th>
<th>ORIGINAL AMOUNT OF LOAN</th>
<th>CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jack Dilles</td>
<td>Consultant, Dilles</td>
<td>$0</td>
<td>$2,000</td>
<td>-0%</td>
<td>11/25/19 DATE INCURRED</td>
<td>$2,000</td>
<td>CALENDAR YEAR PER ELECTION**</td>
</tr>
<tr>
<td></td>
<td>Finance Consulting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td></td>
<td>2) City Council, City of Scotts Valley</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CALENDAR YEAR</td>
</tr>
</tbody>
</table>

**SUBTOTALS**

<table>
<thead>
<tr>
<th>($ Enter (e) on Schedule E, Line 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

**Schedule B Summary**

1. Loans received this period  
   (Total Column (b) plus unitemized loans of less than $100.)  
   $2,000

2. Loans paid or forgiven this period  
   (Total Column (c) plus loans under $100 paid or forgiven.)  
   ($ Enter (e) on Schedule E, Line 3)  
   $0

3. Net change this period.  
   (Subtract Line 2 from Line 1.)  
   $2,000

*Amounts forgiven or paid by another party also must be reported on Schedule A.**

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**Contributor Codes**

IND - Individual  
COM - Recipient Committee  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

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FPCC Form 460 (Jan/2016)  
FPCC Advice: advice@fpc.ca.gov (866/275-3772)  
www.fpc.ca.gov
Schedule E
Payments Made

NAME OF FILER
Dilles for Scotts Valley City Council 2020

I.D. NUMBER
1422689

Statement covers period
from 11/13/2019
through 12/31/2019

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>campaign paraphernalia/misc.</td>
</tr>
<tr>
<td>CNS</td>
<td>campaign consultants</td>
</tr>
<tr>
<td>CTB</td>
<td>contribution (explain nonmonetary)*</td>
</tr>
<tr>
<td>CVC</td>
<td>civic donations</td>
</tr>
<tr>
<td>FLD</td>
<td>candidate filing/ballot fees</td>
</tr>
<tr>
<td>FND</td>
<td>fundraising events</td>
</tr>
<tr>
<td>IND</td>
<td>independent expenditure supporting/opposing others (explain)*</td>
</tr>
<tr>
<td>LEG</td>
<td>legal defense</td>
</tr>
<tr>
<td>LIT</td>
<td>campaign literature and mailings</td>
</tr>
<tr>
<td>MBR</td>
<td>member communications</td>
</tr>
<tr>
<td>MTG</td>
<td>meetings and appearances</td>
</tr>
<tr>
<td>OFC</td>
<td>office expenses</td>
</tr>
<tr>
<td>PET</td>
<td>petition circulating</td>
</tr>
<tr>
<td>PHO</td>
<td>phone banks</td>
</tr>
<tr>
<td>POL</td>
<td>polling and survey research</td>
</tr>
<tr>
<td>POS</td>
<td>postage, delivery and messenger services</td>
</tr>
<tr>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
</tr>
<tr>
<td>PRT</td>
<td>print ads</td>
</tr>
<tr>
<td>RAD</td>
<td>radio airtime and production costs</td>
</tr>
<tr>
<td>RFD</td>
<td>returned contributions</td>
</tr>
<tr>
<td>SAL</td>
<td>campaign workers' salaries</td>
</tr>
<tr>
<td>TEL</td>
<td>l.v. or cable airtime and production costs</td>
</tr>
<tr>
<td>TRC</td>
<td>candidate travel, lodging, and meals</td>
</tr>
<tr>
<td>TRS</td>
<td>staff/spouse travel, lodging, and meals</td>
</tr>
<tr>
<td>TSF</td>
<td>transfer between committees of the same candidate/spender</td>
</tr>
<tr>
<td>VOT</td>
<td>voter registration</td>
</tr>
<tr>
<td>WEB</td>
<td>information technology costs (internet, e-mail)</td>
</tr>
</tbody>
</table>

NAME AND ADDRESS OF PAYEE
(If committee, also enter I.D. number)

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ - 0 -
2. Unitemized payments made this period of under $100. $ 50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)) $ - 0 -
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 8.) TOTAL $ 50.00

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