Recipient Committee
Campaign Statement
Cover Page

Statement covers period:
from 07/01/2019
through 12/31/2019

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

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(See Complete Part 1)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(See Complete Part 1)
☐ Primarily Formed Candidate/Officerholder Committee
(See Complete Part 1)

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

Treasurer(s)

NAME OF TREASURER
Jack Dilles

MAILING ADDRESS
P. O. Box 86123
Scots Valley, CA 95067
(831) 566-3180

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

3. Committee Information

I.D. NUMBER 1.423931

COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
Save Scots Valley - YES ON Z Supported by Council Members Dilles,
Johnson, Lind, Reed, and Timm

STREET ADDRESS (IN P.O. BOX)
226 Butwood Drive

CITY STATE ZIP CODE PHONE
Scots Valley CA 95067 (831) 566-3180

MAILING ADDRESS (IF DIFFERENT) NO APO OR P.O. BOX
P. O. Box 86123

CITY STATE ZIP CODE PHONE
Scots Valley CA 95067 (831) 566-3180

OPTIONAL: FAX E-MAIL ADDRESS

4. Verification

I have read 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 01/16/2020

By

Executed on 01/16/2020

By

Executed on

By

Executed on

By

By

(Signing on behalf of all principal officers)

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

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)  CITY  STATE  ZIP

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.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

Yes  No

COMMITTEE ADDRESS  STREET ADDRESS (NO P.O. BOX)

CITY  STATE  ZIP CODE  AREA CODE/PHONE

7. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
City of Scotts Valley sales tax "City of Scotts Valley City Services Protection Measure"

BALLOT NO. OR LETTER

Z

JURISDICTION
City of Scotts Valley

☑ SUPPORT  ☐ OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent
1) Jack Dille, 2) Randy Johnson, 3) Donna Lind, 4) Jim Reed, & 5) Derek Timm.

OFFICE SOUGHT OR HELD
1), 2), 3), 4) & 5): City Council Member

DISTRICT NO. IF ANY
N/A

7. Primarily Formed Candidate/Officeholder Committee  List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☑ SUPPORT  ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☑ SUPPORT  ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☑ SUPPORT  ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☑ SUPPORT  ☐ OPPOSE

Attach continuation sheets if necessary

FFPC Form 460 (Jan/2016)
FFPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Campaign Disclosure Statement
### Summary Page

**Contributions Received**

<table>
<thead>
<tr>
<th>Contribution Type</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Loans Received</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Subtotal Cash Contributions</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Total Contributions Received</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

**Expenditures Made**

<table>
<thead>
<tr>
<th>Expenditure Type</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Loans Made</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Subtotal Cash Payments</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Accrued Expenses</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Total Expenditures Made</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Current Cash Statement**

<table>
<thead>
<tr>
<th>Financial Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$0</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$1,000</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$0</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$0</td>
</tr>
<tr>
<td>Ending Cash Balance</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

**Cash Equivalents and Outstanding Debts**

<table>
<thead>
<tr>
<th>Financial Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>$0</td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Calendar Year Summary for Candidates

- **Contributions Received**: $0
- **Expenditures Made**: $0

### Expenditure Limit Summary for State Candidates

- **Date of Election**: 
- **Total to Date**: $0

*Amounts in this section may be different from amounts reported in Column B.*
Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2019 through 12/31/2019
Page 4 of 4

NAME OF FILER:
Save Scotts Valley - Yes on Z Supported by Council Members Dilles, Johnson, Lind, Reed, and Timm
I.D. NUMBER
1423931

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/26/19</td>
<td>John Patrick Weiss</td>
<td>IND</td>
<td>self-employed John P. Weiss, Artist &amp; Writer</td>
<td>1,000</td>
<td>1,000</td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 1,000

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ........................................... $ 1,000

2. Amount received this period – unitemized monetary contributions of less than $100 .......... $ 0

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ................... TOTAL $ 1,000

*Contributor Codes
INO – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee