

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified
or
 Date qualification threshold met

Amendment

Date qualification threshold met

Termination – See Part 5

Date of termination

Date Stamp

RECEIVED

SEP 27 2018

CITY OF SCOTTS VALLEY

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information

I.D. Number
(if applicable) 1411852

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE
Yes on N Supported by Mayor Jim Reed and Vice Mayor Jack Dilles

NAME OF TREASURER
Jack Dilles

STREET ADDRESS (NO P.O. BOX)
226 Burlwood Drive

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226 Burlwood Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Scotts Valley	CA	95066	831-566-3180

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Scotts Valley	CA	95066	831-566-3180

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

NAME OF ASSISTANT TREASURER, IF ANY

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
jackdilles@icloud.com

STREET ADDRESS (NO P.O. BOX)

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Santa Cruz	City of Scotts Valley

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Jim Reed

STREET ADDRESS (NO P.O. BOX)
225 Navigator Drive

Attach additional information on appropriately labeled continuation sheets.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Scotts Valley	CA	95066	831-461-0222

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 9/25/18 By Jack Dilles
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9/25/18 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
Jim Reed	Scotts Valley City Council	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Jack Dilles	Scotts Valley City Council	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Primarily 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, 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, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
Measure N (transient occupancy tax)	City of Scotts Valley	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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I.D. NUMBER
1411852

COMMITTEE NAME
Yes on N Supported by Mayor Jim Reed and Vice Mayor Jack Dilles

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

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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.