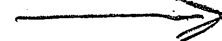


**Statement of Organization
Recipient Committee**

Statement Type

Initial 

Not yet qualified
or
 Date qualification threshold met

9 / 13 / 18

Amendment

Date qualification threshold met

____ / ____ / ____

Termination - See Part 5

Date of termination

____ / ____ / ____

Date Stamp

RECEIVED AND FILE

in the office of the Secretary of State
of the State of California

OCT 08 2018

CALIFORNIA FORM 410

For Official Use Only

1409415

1. Committee Information I.D. Number 1409405 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Derek Timm For City Council 2018
City of Scotts Valley

STREET ADDRESS (NO P.O. BOX)
22 Taryn Court

CITY STATE ZIP CODE AREA CODE/PHONE
Scotts Valley CA 95066 831.239.9203

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
Derek@Timm4SV.com/ 831.401.2439

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Santa Cruz Scotts Valley, CA

NAME OF TREASURER
Chuck Maffia

STREET ADDRESS (NO P.O. BOX)
1085 Whispering Pines Drive

CITY STATE ZIP CODE AREA CODE/PHONE
Scotts Valley CA 95066 831.345.8889

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

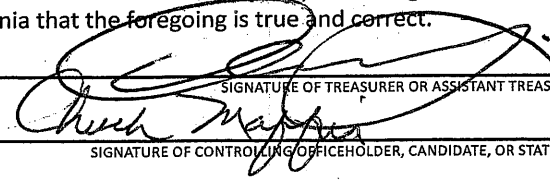
STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

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 10/2/18 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/2/18 By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Derek Timm For City Council 2018	I.D. NUMBER 1409405
--	------------------------

- 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 33010093
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 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	
Derek Timm	Scotts Valley City Council		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>