

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

1409415

Statement of Organization
Recipient Committee

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met

FEB 15 2019

Amendment

Date qualification threshold met

Termination - See Part 1.42

2019 FEB 25
Date of termination

12 / 28 / 18

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

JAN 02 2019

1. Committee Information

I.D. Number
(if applicable)

1409415

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Derke Timm for City Council 2018

NAME OF TREASURER

Chuck Maffia

STREET ADDRESS (NO P.O. BOX)

1085 whispering Pines Drive

CITY

Scotts Valley

STATE

Ca

ZIP CODE

95066

AREA CODE/PHONE

831-345-8889

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

STREET ADDRESS (NO P.O. BOX)

22 Taryn Court

CITY

Scotts Valley

STATE

Ca

ZIP CODE

95066

AREA CODE/PHONE

831-239-9203

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

dtimm@montalvohomes.com

COUNTY OF DOMICILE

Santa Cruz

JURISDICTION WHERE COMMITTEE IS ACTIVE

Scotts Valley

NAME OF PRINCIPAL OFFICER(S)

Chuck Maffia Treasurer

STREET ADDRESS (NO P.O. BOX)

1085 whispering Pines Drive

CITY

Scotts Valley

STATE

Ca

ZIP CODE

95066

AREA CODE/PHONE

831-345-8889

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

12-28-18
DATE

By

Chuck Maffia
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

1-8-19
DATE

By

[Signature]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov