Recipient Committee
Campaign Statement
Cover Page

Statement covers period from 10/18/2020 through 11/20/2020

Date of election if applicable: (Month, Day, Year) 11/3/2020

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - Officeholder, Candidate Controlled Committee
   - State Candidate Election Committee
   - Recall
   - General Purpose Committee
   - Primarily Formed Ballot Measure Committee
   - Controlled
   - Sponsored
   - Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:
   - Semi-annual Statement
   - Amendment (Explain below)

3. Committee Information
   - COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
     Dilles for Scotts Valley City Council 2020
   - I.D. NUMBER 1422689
   - STREET ADDRESS (NO P.O. BOX)
     226 Burlwood Drive
   - CITY Scotts Valley
   - STATE CA
   - ZIP CODE 95067
   - AREA CODE/PHONE (831) 586-3180
   - 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) 586-3180
   - 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 11/20/2020
   Executed on 11/20/2020
   Executed on
   Executed on

   By
   Signature of Treasurer or Assistant Treasurer
   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

NAME OF OFFICEHOLDER OR CANDIDATE
Jack Dilles

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council, City of Scotts Valley

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
226 Burlwood Drive Scotts Valley CA 95066

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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
## Contributions Received

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$961.72</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 3</td>
<td>(2,035.00)</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$(1,073.28)</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>0</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$(1,073.28)</td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>Schedule E, Line 4</td>
<td>0</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>Schedule H, Line 3</td>
<td>0</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>0</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>0</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>0</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>0</td>
</tr>
</tbody>
</table>

## Current Cash Statement

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>Column A, Line 3 above</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>Column A, Line 8 above</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
</tr>
</tbody>
</table>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

## Expenditure Limit Summary for State Candidates

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Cumulative Expenditures Made*</td>
<td>(If Subject to Voluntary Expenditure Limit)</td>
</tr>
<tr>
<td>Date of Election (mm/dd/yy)</td>
<td>Total to Date</td>
</tr>
<tr>
<td>/ / /</td>
<td>$</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.

## Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td>See instructions on reverse</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</td>
</tr>
</tbody>
</table>
**Schedule A**  
**Monetary Contributions Received**

**See Instructions on Reverse**

**NAME OF FILER**  
Dilles for Scotts Valley City Council 2020

**I.D. NUMBER**  
1422689

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE*</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)</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>
</table>
| 10/29/2020    | Democratic Women's Club of Santa Cruz County  
740 Front Street, Suite #165  
Santa Cruz, CA 95060 (I. D. #1306050) | ☑ IND  
☑ COM  
☑ OTH  
☑ PTY  
☐ SCC | 1) Scotts Valley City Council; 2) Dilles Finance Consulting | 100.00 | 100.00 | |
| 11/16/2020    | Jack Dilles  
226 Burlwood Drive  
Scotts Valley, CA 95066 | ☑ IND  
☑ COM  
☑ OTH  
☑ PTY  
☐ SCC | | 761.72 | 761.72 | |

**SUBTOTAL $ 861.72**

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.  
   (Include all Schedule A subtotals.) .................................................. $ 861.72

2. Amount received this period – unitemized monetary contributions of less than $100 .................................................. $ 100.00

3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................................................. TOTAL $ 961.72
## Schedule B – Part 1
### Loans Received

**NAME OF FILER**
Dilles for Scotts Valley City Council 2020

<table>
<thead>
<tr>
<th>Full Name, Street Address and Zip Code of Lender</th>
<th>If An Individual, Enter Occupation and Employer (If Self-Employed, Enter Name of Business)</th>
<th>Outstanding Balance Beginning This Period</th>
<th>Amount Received 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>1) Scotts Valley City Council; 2) Dilles Finance Consulting</td>
<td>$2,035</td>
<td>- 0 -</td>
<td>$1,273.28</td>
<td>$ - 0 -</td>
<td>- 0 % Rate</td>
<td>$2,000.00</td>
<td>$2,035.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$761.72</td>
<td>12/31/2020 DATE DUE</td>
<td></td>
<td>$11/25/19 DATE INCURRED</td>
<td></td>
</tr>
</tbody>
</table>

**Schedule B Summary**
1. Loans received this period.......................................................... $- 0 -
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period.............................................. $2,035.00
   (Total Column (c) plus loans under $100 paid or forgiven.
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) ................. NET $ (2,035.00)
   Enter the net here and on the Summary Page, Column A, Line 2.

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