Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 07/01/2020
through 12/31/2020

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

CITY OF SCOTTS VALLEY

1. Type of Recipient Committee:
☐ Offholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part I)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
☐ Primarily Formed Ballot Measure Committee
☐ Primarily Formed Candidate/Offholder Committee
(Also Complete Part I)

☐ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)
☐ Quarterly Statement
☐ Special Odd-Year Report

2. Type of Statement:

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):
Save Scotts Valley - Yes on Z Supported by Council Members Dilles, Johnson, Lind, Reed, and Timm

STREET ADDRESS (NO P.O. BOX)
226 Butwood Drive
CITY
Scotts Valley
STATE CA
ZIP CODE 95066
AREA CODE/PHONE (831) 566-3180

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) 566-3180

Treasurer(s)
NAME OF TREASURER
Jack Dilles
MAILING ADDRESS
P. O. Box 66123
Scotts Valley CA 95067
AREA CODE/PHONE (831) 566-3180

NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS

CITY

STATE
ZIP CODE
AREA CODE/PHONE

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 1/11/2021

By _____________________________
(Signature, on behalf of all controlling offholder(s))

Executed on 1/11/2021

By _____________________________
(Signature of Candidate/Offholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on ______________________

By _____________________________
(Signature of Controlling Offholder, Candidate, State Measure Proponent)

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (666/275-3772)
www.fppc.ca.gov
5. 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

6. Primarily Formed Ballot Measure Committee

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

BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE
Z City of Scotts Valley

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT
1) Jack Dilles, 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@ffpc.ca.gov (866/275-3772)
www.ffpc.ca.gov
### Campaign Disclosure Statement

#### Summary Page

**NAME OF FILER**
Save Scotts Valley - Yes on Z Supported by Council Members Dilles, Johnson, Lind, Reed, and Timm

**Contributions Received**

<table>
<thead>
<tr>
<th>Contribution Type</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monetary Contributions</strong></td>
<td>Schedule A, Line 3</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Loans Received</strong></td>
<td>Schedule B, Line 3</td>
<td>$0</td>
</tr>
<tr>
<td><strong>SUBTOTAL CASH CONTRIBUTIONS</strong></td>
<td>Add Lines 1 &amp; 2</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Nonmonetary Contributions</strong></td>
<td>Schedule C, Line 3</td>
<td>$0</td>
</tr>
<tr>
<td><strong>TOTAL CONTRIBUTIONS RECEIVED</strong></td>
<td>Add Lines 3 &amp; 4</td>
<td>$0</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><strong>Payments Made</strong></td>
<td>Schedule E, Line 4</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Loans Made</strong></td>
<td>Schedule H, Line 3</td>
<td>$0</td>
</tr>
<tr>
<td><strong>SUBTOTAL CASH PAYMENTS</strong></td>
<td>Add Lines 6 &amp; 7</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Accrued Expenses (Unpaid Bills)</strong></td>
<td>Schedule F, Line 3</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Nonmonetary Adjustment</strong></td>
<td>Schedule G, Line 3</td>
<td>$0</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURES MADE</strong></td>
<td>Add Lines 8 &amp; 9 &amp; 10</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Current Cash Statement**

<table>
<thead>
<tr>
<th>Cash Statement Type</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beginning Cash Balance</strong></td>
<td>Previous Summary Page, Line 16</td>
<td>$678.41</td>
</tr>
<tr>
<td><strong>Cash Receipts</strong></td>
<td>Column A, Line 3 above</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Miscellaneous Increases to Cash</strong></td>
<td>Schedule I, Line 4</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Cash Payments</strong></td>
<td>Column A, Line 8 above</td>
<td>$0</td>
</tr>
<tr>
<td><strong>ENDING CASH BALANCE</strong></td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>$678.41</td>
</tr>
</tbody>
</table>

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**Expenditure Limit Summary for State Candidates**

<table>
<thead>
<tr>
<th>Expenditure Limit Type</th>
<th>Date of Election (mm/dd/yyyy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>22. Cumulative Expenditures Made</strong></td>
<td>/ /</td>
<td>$</td>
</tr>
</tbody>
</table>

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

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**Cash Equivalents and Outstanding Debts**

<table>
<thead>
<tr>
<th>Debt Type</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash Equivalents</strong></td>
<td>See instructions on reverse</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Outstanding Debts</strong></td>
<td>Add Line 2 + Line 9 in Column B above</td>
<td>$0</td>
</tr>
</tbody>
</table>