Statement of Organization Recipient Committee							LOS ANGEL			CALIFORNIA 410		
Statement Type	☐ Initial	☐ Amendment	V	Termin	Termination - See Part 5		1	j			~~~~0	For Official Use Only
	O Not yet qualified	Amendment		1011111	iuuon –	occ Part 5			2022 N	10V 15	PM 3:	54
	O Date qualification threshold met	Date qualification threshold met			e of termin			CAMPAIGN		FINANI	CE.	
	//	//		11	/ 15	/ 2022	1 11	114	1/22 (3)		
1. Committee	e Information I.D. Numb	er 1453443		2	2. Trea	surer and	Oth	er Pı	rincipal O	fficers		
NAME OF COMMITTEE	(i) applicable)			N	IAME OF TR	EASURER						
Nicole Wilson for SCV Water Agency 2022					Nicole V	Vilson [*]						
				S	TREET ADDR	ESS (NO P.O. BOX)						
STREET ADDRESS (NO P.O	i. BOX)				тү Valencia					TATE CA	2IP CODE 91355	AREA CODE/PHONE 818-309-8293
CITY	STATE ZIP C	ODE AREA CODE/PHONE				ISTANT TREASURE	R. IF ANY				71333	010-309-0293
Valencia		355 818-309-8293		"								
FULL MAILING ADDRESS	(IF DIFFERENT)			s	TREET ADDR	ESS (NO P.O. BOX)		;				
E-MAIL ADDRESS (REQUIE		, ,		c	TY				ST	TATE	ZIP CODE	AREA CODE/PHONE
votewilsonscv@												
COUNTY OF DOMICILE	JURISDICTION WHERE CO			N	IAME OF PRI	NCIPAL OFFICER(S)	,					
Los Angeles	City of Santa Cla	nta						-				
		•		"	TREET ADDR	ESS (NO P.O. BOX)	,					
Attach additions	al information on appropriately l	sheled continuation sheets			CITY			1	S	TATE	ZIP CODE	AREA CODE/PHONE
Attach daantone	i injormation on appropriately i	beled continuation sheets.		- [:				
3. Verificatio	n		_					<u></u>			•	
I have used all re	easonable diligence in preparing	this statement and to the bes	st c	of my kno	owledge	the informa	ation c	onta	ined herein	is true a	nd comple	ete. I certify under
	ry under the laws of the State of				ect.			1				, ,
Executed on 11/	14/2022 By											
11/	14/2022				ER OR	ASSISTANT TREASU	JRER	1				
Executed on	DATE By	SIGNATURE OF CONT	TROL	LLING OFFICE	HOLDER, CAN	DIDATE, OR STATE	MEASUR	RE PROP	ONENT			
Executed on	Ву											
	DATE	SIGNATURE OF CONT	ROL	LLING OFFICE	HOLDER, CAN	IDIDATE, OR STATE	MEASUR	RE PROP	PONENT			
Executed on	DATE 'By	SIGNATURE OF CONT	TROI	LLING OFFICE	HOLDER, CAN	NDIDATE, OR STATE	MEASU	RE PROF	PONENT			

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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Statement of Organization Recipient Committee						CALIFO FOR		10		
INSTRUCTIONS ON REVERSE	INSTRUCTIONS ON REVERSE					Page 2				
Nicole Wilson for SCV Water Board 2022						I.D. NUMBER				
All committees must list the financial institution where the can	npaign ba	nk account is located.		a digital of						
NAME OF FINANCIAL INSTITUTION	AREA C	ODE/PHONE	BANK ACCOU	OUNT NUMBER						
Union Bank	800-	00-238-4486								
ADDRESS	CITY		STATE	ZIP CODE						
McBean Pkwy, Valencia CA 91355	Vale	ncia	CA	1 9	91355					
4. Type of Committee Complete the applicable sections.										
Controlled Committee										
 List the name of each controlling officeholder, candidate, or stat also list the elective office sought or held, and district number, if 			ficeholder	controlled	l,					
List the political party with which each officeholder or candidate	is affiliate	ed or check "nonpartisan." Stati	ing "No pa	rty prefere	ence" is acce	ptable				
If this committee acts jointly with another controlled committee	, list the n	ame and identification number	of the oth	er control	led committe	e.				
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)				YEAR OF ELECTION	PAR CHECK					
Nicole Wilson		Santa Clarita Valley Water Agency Board of Directors Division 1			Nonpartisan	Partisan	(list political par	ty below)		
			Nonpartisan	Partisan	(list political par	ty below)				
		-11	111	-						
Primarily Formed Committee Primarily formed to support or on	opose spe	cific candidates or measures in a	a single el	ection. Lis	t below:					
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) ON THE A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. (INCLUDE DISTRICT NO., CITY)						ON	CHECK	ONE		
						SUPPORT	OPPOSE			
						- CURSON	000000			
· ·	I		7			SUPPORT	OPPOSE			

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Nicole Wilson for SCV Water Board 2022

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I.D. NUMBER

INICOLE WILSOII LOIS CV Water Box	at d 2022			1			
4. Type of Committee	(Continued)						
General Purpose Committee	Not formed to support or oppose s CITY Committee			election. Chec			
PROVIDE BRIEF DESCRIPTION OF ACTIVITY							
				į			
Sponsored Committee List a	dditional sponsors on an attachmen	t.					
NAME OF SPONSOR			INDUSTRY GROUP OR AFFILIATION OF SPONSOR				
STREET ADDRESS NO. AND STREE	Т	CITY		STATE	ZIP CODE	AREA CODE/PHONE	
	·			<u>'</u>			
Small Contributor Committee	 /			,			
	Date qualified			1			

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been meti

- 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.