Statement of Organization Recipient Committee		Type or print in ink			Date Stamp	CALIFO	ORNIA A A A
Statement Type	Initial yet qualified ☐ or e qualified as committee	Amendment List I.D. number: #	List I.D. nur # <u>135053</u> 1		in the office of the Secretary of of the State of California JAN 3 1 2013	FOI	
1. Committee Info	rmation		2.	Treasurer and	Other Principal Office	rs	
NAME OF COMMITTEE . Vicki Nichols for Cit	y Council - 2012			NAME OF TREASURER VICKI NICHOIS STREET ADDRESS			
STREET ADDRESS (NO P.C	D. BOX)			CITY CITY	STATE	ZIP CODE	AREA CODE/PHONE
CITY Semalite MAILING ADDRESS (IF DIFI	STAT	E ZIP CODE AREA COD	E/FITONE	NAME OF ASSISTANT TRE N/A STREET ADDRESS N/A	ASURER, IF ANY		
N/A OPTIONAL: FAX / E-MAIL /	ADDRESS			CITY N/A	STATE OTHER PRINCIPAL OFFICER(S), IF A	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE Marin	COUNTY WE THAN COUN	IERE COMMITTEE IS ACTIVE IF DIFFEI TY OF DOMICILE	RENT	N/A MAILING ADDRESS N/A			
Attach additional information on appropriately labeled continuation sheets.				CITY N/A	STATE	ZIP CODE	AREA CODE/PHONE
3. Verification I have used all reason perjury under the laws	nable diligence in prepari s of the State of Californi	ng this statement and to the bes a that the foregoing is true and o	st of my knowle	dge the information co	ontained herein is true and cor	mplete. I cer	tify under penalty of
	January 31, 2013	By		SIGNATURI	E OF TREASURER OR ASSISTANT TREASU	JRER	
Executed on	DATE	By			GOFFICEHOLDER, CANDIDATE, OR STATE		
Executed on	DATE	By		•	GOFFICEHOLDER, CANDIDATE, OR STATE		

STATEMENT OF ORGANIZATION **Statement of Organization Recipient Committee CALIFORNIA FORM** INSTRUCTIONS ON REVERSE Page 2 COMMITTEE NAME I.D. NUMBER 1350532 Vicki Nichols for City Council - 2012 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 "non-partisan." • If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee. ELECTIVE OFFICE SOUGHT OR HELD NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT (INCLUDE DISTRICT NUMBER IF APPLICABLE) YEAR OF ELECTION PARTY Non-Partisan

Sausalito City Council

• List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

Vicki Nichols

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NU	JMBER	
Bank of Marin	415-289-8710	44000000000000000000000000000000000000		
ADDRESS	CITY	STATE	ZIP CODE	
3 Harbor Drive	Sausalito	CA	94965	

Primarily Formed Committee Primarily formed to support or oppose specific candi	idates or measures in a single election. List below:		
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHEC	CONE
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE
		•	

☐ Non-Partisan

2012