

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  
Not yet qualified  or

Amendment  
List I.D. number:

Termination - See Part 5  
List I.D. number:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date qualified as committee

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date qualified as committee  
(if applicable)

# 1388989  
12,30,16  
Date of Termination

Date Stamp	<b>CALIFORNIA FORM 410</b>
	For Official Use Only
	CITY OF SANTA CLARITA
	2016 DEC 30 AM 9:45
	CITY CLERK OFFICE

**1. Committee Information**

NAME OF COMMITTEE  
*Friends of SANDRA L. Nicitols for Santa Clarita City Council 2016*

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)  
*Same!*

FAX / E-MAIL ADDRESS  
*nicitolsnick4@gmail.com*

COUNTY OF DOMICILE  
*Los Angeles*

JURISDICTION WHERE COMMITTEE IS ACTIVE  
*SANTA CLARITA*

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
*SANDRA L. Nicitols*

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)  
*SANDRA L. Nicitols*

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE

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 12/29/16 By \_\_\_\_\_  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/29/16 By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT