

**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	CALIFORNIA FORM 410
	For Official Use Only
	CITY OF SANTA CLARITA
	2016 DEC 30 AM 9:45
	CITY CLERK'S 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 *LA* STATE *CA* 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 *LA* STATE *CA* ZIP CODE _____ AREA CODE/PHONE _____

NAME OF ASSISTANT TREASURER, IF ANY
/

STREET ADDRESS (NO P.O. BOX)

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

NAME OF PRINCIPAL OFFICER(S)
SANDRA L. Nicitols

STREET ADDRESS (NO P.O. BOX)

CITY *LA* STATE *CA* 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