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Recipient Comm	ittee
Campaign Stater	nent
Cover Page	

Type or print in ink. Date Stamp CALIF (Government Code Sections 84200-84216.5) Page \_ Date of election if applicable: Statement covers period (Month, Day, Year) 8-21-12 from 9-30-12 11-6-12 SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: ✓ Officeholder, Candidate Controlled Committee Preelection Statement Primarily Formed Ballot Measure Quarterly Stater State Candidate Election Committee Committee Semi-annual Statement Special Odd-Ye O Controlled ☐ Termination Statement ☐ Supplemental P (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) Statement - Atta (Also Complete Part 6) ✓ Amendment (Explain below) ☐ General Purpose Committee Primarily Formed Candidate/ Sponsored Amend Lines 3, 5, 13 & 16 to correct transposed numb Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 130532 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Vicki Nichols Vicki Nichols for City Council - 2012 MAILING ADDRESS 1001 Bridgeway #540 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE 1001 Bridgeway #540 Sausalito CA 94965 CITY AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY STATE ZIP CODE Sausalito CA 94965 415-331-5071 N/A MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS N/A N/A CITY CITY STATE ZIP CODE AREA CODE/PHONE ZIP CODE AREA CODE/PHONE N/A OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS

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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	January 31, 2013	Ву _	Signature of Treasurer
Executed on	Date	Ву _	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on	Date	Ву _	Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	Date	Ву _	Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Stateme	ent covers period 8-21-12	california 460 form		
through	9-30-12	Page of		
	<del></del>	I.D. NUMBER		
		130532		

Vicki Nichols for City Council - 2012 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTALTHIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1900.00 1/1 through 6/30 7/1 to Date 456.65 456.65 2. Loans Received ...... Schedule B, Line 3 2356.65 2356.65 20. Contributions SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ Received 0 Nonmonetary Contributions ...... Schedule C. Line 3 21. Expenditures 2356.65 2356.65 Made TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made ...... Schedule E, Line 4 1113.80 1113.80 **Candidates** 22. Cumulative Expenditures Made\* 1113.80 1113.80 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) ......Schedule F, Line 3 Date of Election Total to Date 0 0 (mm/dd/yy) 1113.80 1113.80 **Current Cash Statement** 12. Beginning Cash Balance .................................. Previous Summary Page, Line 16 \$ To calculate Column B, add 2356.65 13. Cash Receipts ...... Column A, Line 3 above amounts in Column A to the corresponding amounts \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 from Column B of your last reported in Column B. 1113.80 report. Some amounts in Column A may be negative 1242.85 figures that should be 16. ENDING CASH BALANCE .......... Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents ...... See instructions on reverse \$ 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)