

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	12 / 31 / 20

Date Stamp

**CALIFORNIA FORM 410**  
For Official Use Only

1. Committee Information		I.D. Number 1432714 <small>(if applicable)</small>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE  Vicki Nichols City Council 2020				NAME OF TREASURER Allyson Merkley			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Sausalito		STATE CA	ZIP CODE 94965	CITY Sausalito		STATE CA	ZIP CODE 94965
FULL MAILING ADDRESS (IF DIFFERENT) N/A		JURISDICTION WHERE COMMITTEE IS ACTIVE City of Sausalito		NAME OF ASSISTANT TREASURER, IF ANY Vicki Nichols			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) info@vickinicholsforsausalito.com				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
COUNTY OF DOMICILE Marin		JURISDICTION WHERE COMMITTEE IS ACTIVE City of Sausalito		CITY Sausalito		STATE CA	ZIP CODE 94965
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S) N/A			
				STREET ADDRESS (NO P.O. BOX) N/A			
CITY N/A		STATE N/A	ZIP CODE N/A	CITY N/A		STATE N/A	ZIP CODE N/A

**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 information is true and correct.

Executed on 2-1-21 By [REDACTED]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME <b>Vicki Nichols City Council 2020</b>	I.D. NUMBER <b>1432714</b>
--	-------------------------------

• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <b>Wells Fargo</b>	AREA CODE/PHONE <b>415-332-3355</b>	BANK ACCOUNT NUMBER <b>[REDACTED]</b>	
ADDRESS <b>715 Bridgeway</b>	CITY <b>Sausalito</b>	STATE <b>CA</b>	ZIP CODE <b>94965</b>

**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 "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Vicki Nichols	Sausalito City Council	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE