Statement of Organization
Recipient Committee

Statement Type
- Initial

Date qualification threshold met
10/28/2018

Date of termination

Committee Information
NAME OF COMMITTEE
Re-Elect Barbara Nicoll Grover Beach City Council 2018 BN

I.D. Number (if applicable)

Treasurer and Other Principal Officers
NAME OF TREASURER
Bill Nicoll

STREET ADDRESS (BC PO. BOX)

CITY
Grover Beach

STATE
CA

ZIP CODE
93433

NAME OF ASSISTANT TREASURER, IF ANY
None

STREET ADDRESS (BC PO. BOX)

CITY

STATE

ZIP CODE

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
bnicoll58@gmail.com

FULL MAILING ADDRESS OF DIFFERENT

COUNTY OF RESIDENCE
San Luis Obispo

JURISDICTION WHERE COMMITTEE IS ACTIVE
Grover Beach, CA

NAME OF PRINCIPAL OFFICER
Barbara and Bill Nicoll

STREET ADDRESS (BC PO. BOX)

CITY
Grover Beach

STATE
CA

ZIP CODE
93433

Attach additional information on appropriately labeled continuation sheets.

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, the information is true and correct.

Executed on 10/29/2018 by

EXECUTED ON 10/29/2018

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

EXECUTED ON

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

EXECUTED ON

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/775-5772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE
Re-Elect Barbara Nicolls Grover Beach City Council

CALIFORNIA FORM 410
Page 2

NAME OF FINANCIAL INSTITUTION
Coast Hills

AREA CODE/PHONE
805 733-7600

BANK ACCOUNT NUMBER
252144

ADDRESS
P.O. Box 200
Lompoc CA 93438-0200

ZIP CODE

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.

<table>
<thead>
<tr>
<th>Name of Candidate/Officeholder/State Measure Proponent</th>
<th>Elective Office Sought or Held (Include District Number If Applicable)</th>
<th>Year of Election</th>
<th>Party</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nonpartisan Partisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nonpartisan Partisan</td>
</tr>
</tbody>
</table>

Primarily Formed Committee

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

<table>
<thead>
<tr>
<th>Candidate(s) Name or Measure(s) Full Title (Include Ballot No. or Letter) If a Recall, State &quot;Recall&quot; in Front of the Officeholder's Name.</th>
<th>Candidate(s) Office Sought or Held or Measure(s) Jurisdiction (Include District No., City or County, As Applicable)</th>
<th>Check One</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barbara Nicolls</td>
<td>Grover Beach City council Member 2018 BN</td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>
<pre><code>                                                                                                                                 |                                                                            | OPPOSE |
</code></pre>

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov