

**Officeholder and Candidate
Campaign Statement –
Short Form**

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

Date Stamp
10/11/22(3)
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CAMPAIGN FINANCE

CALIFORNIA FORM **470**
For Official Use Only

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Nicole Wilson

STREET ADDRESS

CITY STATE ZIP CODE
Valencia CA 91355

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
818-309-8293 votewilsonscv@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
SCV Water Agency Division One

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Los Angeles County

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
(NWR) Nicole Wilson for SCV Water Agency Division 1 #1453443	Valencia Ca 91355	Nicole Wilson

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the S

calendar year and that I have used ct.

Executed on 10/11/2022
DATE

By _____
DATE