Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 07/01/2026
through 09/19/2026

Date of election if applicable: (Month, Day, Year)
11/03/2026

Date Stamp
E-Filed
09/24/2026
21:56:50
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217520955

CALIFORNIA FORM 460

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For Official Use Only

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [X] Officeholder, Candidate Controlled Committee
  - ◯ State Candidate Election Committee
  - ◯ Recall
  - *(Also Complete Part 5)*
- [ ] General Purpose Committee
  - ◯ Sponsored
  - ◯ Small Contributor Committee
  - ◯ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ◯ Controlled
  - ◯ Sponsored
  - *(Also Complete Part 6)*
- [ ] Primarily Formed Candidate/ Officeholder Committee
  - *(Also Complete Part 7)*

2. Type of Statement:

- [X] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1485803

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Wilson for District 4 City Council 2026

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Moreno Valley	CA	92551	(909)509-9096

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
wilson4mvmayor@gmail.com

Treasurer(s)

NAME OF TREASURER
Nikita Wilson

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Moreno Valley	CA	92551	

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
wilson4mvmayor@gmail.com

4. Verification

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 09/24/2026 (Date) By Nikita Wilson (Signature of Treasurer or Assistant Treasurer)

Executed on 09/24/2026 (Date) By Nikita Wilson (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

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Recipient Committee Campaign Statement Cover Page — Part 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Nikita Wilson

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member: City of Moreno Valley District 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
	Moreno Valley	CA	92551

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2026
through 09/19/2026

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Wilson for District 4 City Council 2026

I.D. NUMBER

1485803

Contributions Received

		Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 0.00	$ 0.00
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 0.00	$ 0.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	392.29	392.29
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 392.29	$ 392.29

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 0.00	$ 0.00
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 0.00	$ 0.00
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	0.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*	392.29	392.29
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 392.29	$ 392.29

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 0.00
13. Cash Receipts	*Column A, Line 3 above*	0.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	0.00
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 0.00

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0.00
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____/_____/_____	$
_____/_____/_____	$

*Amounts in this section may be different from amounts reported in Column B.

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period
from 07/01/2026
through 09/19/2026

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Wilson for District 4 City Council 2026

I.D. NUMBER

1485803

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
08/20/2026	Nikita Wilson Moreno Valley, CA 92551	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Print/ Lamination	11.54	392.29	G2026 $392.29
08/20/2026	Nikita Wilson Moreno Valley, CA 92551	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Print	13.34	392.29	G2026 $392.29
08/21/2026	Nikita Wilson Moreno Valley, CA 92551	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Printing	29.06	392.29	G2026 $392.29
08/25/2026	Nikita Wilson Moreno Valley, CA 92551	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Campaign Printing	14.55	392.29	G2026 $392.29

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $** 68.49

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 392.29
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL $** 392.29

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule C (Continuation Sheet)
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

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from 07/01/2026
through 09/19/2026

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Wilson for District 4 City Council 2026

I.D. NUMBER

1485803

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
08/26/2026	Nikita Wilson Moreno Valley, CA 92551	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC		Print/Lamination	11.64	392.29	G2026 $392.29
08/27/2026	Nikita Wilson Moreno Valley, CA 92551	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC		Campaign Print	20.77	392.29	G2026 $392.29
08/28/2026	Nikita Wilson Moreno Valley, CA 92551	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC		Banners/Postcards	251.21	392.29	G2026 $392.29
09/18/2026	Nikita Wilson Moreno Valley, CA 92551	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC		Print/Lamination	33.51	392.29	G2026 $392.29
09/18/2026	Nikita Wilson Moreno Valley, CA 92551	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC		Supplies	6.67	392.29	G2026 $392.29

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 323.80

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