

**Officeholder and Candidate
Campaign Statement -
Form 470 Supplement**

SEE INSTRUCTIONS ON REVERSE

Amendment (Explain Below) *BN*

Unexpected donation over *BN*

\$2,000

Date Stamp

City of Grover Beach

OCT 29 2018

RECEIVED

**CALIFORNIA
FORM 470**

For Official Use Only

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Barbara Nicolls

STREET ADDRESS

CITY

STATE

ZIP CODE

GroverBeach

CA

93433

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT

City Council Member

DATE OF ELECTION (MONTH, DAY, YEAR)

11/06/2018

DISTRICT NUMBER
(IF APPLICABLE)

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

10/28/2018

(MONTH, DAY, YEAR)

Clear Form

Print Form