

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)
11/22/21

Amendment (Explain Below)

Date Stamp
RECEIVED AND FILED
JUL 21 2021
IN THE OFFICE OF THE LAKE
COUNTY REGISTRAR
OF VOTERS

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 ~~20~~ 21^{9th}

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
THOMAS NICKEL

STREET ADDRESS
[REDACTED]

CITY LAKEPORT STATE CALIF ZIP CODE 95453

AREA CODE/DAYTIME PHONE NUMBER 415-497-9769 OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
SCOTT'S VALLEY WATER CONSERVATION DISTRICT DIRECTOR

JURISDICTION (LOCATION)
SCOTT'S VALLEY

DISTRICT NUMBER (IF APPLICABLE)
3

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

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/17/21 DATE

By [REDACTED]