1. Statement Covers Calendar Year 2020

2. Officeholder or Candidate Information

   NAME OF OFFICEHOLDER OR CANDIDATE:
   Barbara Nicolls

   STREET ADDRESS:
   [Redacted]

   CITY:
   Grover Beach

   STATE:
   CA

   ZIP CODE:
   93433

3. Office Sought or Held

   OFFICE SOUGHT OR HELD:
   City Council Member

   JURISDICTION (LOCATION):

   DISTRICT NUMBER (IF APPLICABLE):

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 ID 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 7-30-2018

   DATE

   By [Redacted]

   SIGNATURE OF OFFICEHOLDER OR CANDIDATE