

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

| | | |
|------------|--------------------------------|-------------------------------|
| Date Stamp | RECEIVED OCT 05 2020 | CALIFORNIA FORM 470 |
| By _____ | | For Official Use Only |

| | |
|--|---|
| Date of election if applicable: (Month, Day, Year) <u>Nov. 3, 2020</u> | <input checked="" type="checkbox"/> Amendment (Explain Below) <u>crossed \$2k</u> <u>threshold</u> |
|--|---|

1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Nicole Castor

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Citrus Heights CA 95621

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED] [REDACTED]

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Citrus Heights One

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 |
|---|--|----------------------|
| <u>Castor for City Council (No number yet) 2020</u> | <u>[REDACTED] Citrus Heights, CA 95621</u> | <u>Nicole Castor</u> |

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 10/01/2020
DATE

By [Signature]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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

Amendment (Explain Below)
reached \$2k
threshold

Date Stamp

CALIFORNIA
FORM **470**
SUPPLEMENT
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

Nicole Castor

STREET ADDRESS

[REDACTED]

CITY

Citrus Heights

STATE

CA

ZIP CODE

95621

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

2. Office Sought

OFFICE SOUGHT

City Council, Citrus Heights

DISTRICT NUMBER
(IF APPLICABLE)

One

DATE OF ELECTION (MONTH, DAY, YEAR)

Nov. 3, 2020

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

10/01/2020

(MONTH, DAY, YEAR)