

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

**Amendment** (Explain Below)

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\_\_\_\_\_

Date Stamp

**RECEIVED**

OCT 11 2022

TOWN MANAGERS OFFICE  
TOWN OF TIBURON

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

ISAAC NIKAN

STREET ADDRESS

[REDACTED]

CITY

Tiburon

STATE

CA

ZIP CODE

94920

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

**2. Office Sought**

OFFICE SOUGHT

Tiburon Town Council

DISTRICT NUMBER  
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

11/8/22

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

10/11/22

(MONTH, DAY, YEAR)