

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

<p>Date of election if applicable: (Month, Day, Year)</p> <p style="text-align: center;">March 2nd, 2021</p>	<p><input type="checkbox"/> <b>Amendment</b> (Explain Below)</p> <hr/> <hr/>
--	--

<p>Date Stamp</p> <p style="color: red; font-weight: bold;">Received</p> <p style="color: red; font-weight: bold; font-size: 1.2em;">FEB 08 2021</p> <p style="color: red; font-weight: bold;">ADMN/CITYMGR</p>	<p>CALIFORNIA FORM 470</p> <p style="font-size: 0.8em;">For Official Use Only</p>
---	---

1. Statement Covers Calendar Year 20 21 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
HERMAN NAGRA

STREET ADDRESS  
2652 PARK AVE

CITY STATE ZIP CODE  
CLOVIS CA 93611

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
559-917-6715

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
CLOVIS CITY COUNCIL

<p>JURISDICTION (LOCATION) <u>CLOVIS</u></p>	<p>DISTRICT NUMBER (IF APPLICABLE) <u>N/A</u></p>
--	---

**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
N/A		

**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 02/04/2021  
DATE

By   
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form

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

SEE INSTRUCTIONS ON REVERSE

**Amendment** (Explain Below)

---

---

Date Stamp

**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

HERMAN NAGRA

STREET ADDRESS

2652 PARK AVE

CITY

STATE

ZIP CODE

CLOVIS

CA

93611

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

559-917-6715

**2. Office Sought**

OFFICE SOUGHT

CLOVIS CITY COUNCIL

DATE OF ELECTION (MONTH, DAY, YEAR)

MARCH, 02, 2021

DISTRICT NUMBER  
(IF APPLICABLE)

N/A

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

N/A

(MONTH, DAY, YEAR)

Clear Form

Print Form