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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS RECEIVED
Date Received
Official Use Only

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE

FEB 25 2013

Please type or print in ink.

NAME OF FILER (LAST) NICHOLS 2010 MAR 1 AM 11:53
County of Placer (MIDDLE)
MAZIE

1. Office, Agency, or Court

Agency Name PLACER SUPERIOR COURT
Division, Board, Department, District, if applicable _____ Your Position JUDGE

▶ If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of PLACER
 City of _____ Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2012, through December 31, 2012.
-or- The period covered is _____, through December 31, 2012.
 Assuming Office: Date assumed _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2012, through the date of leaving office.
 The period covered is _____, through the date of leaving office.
 Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None." ▶ Total number of pages including this cover page: 4

Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
 Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-
 None - No reportable interests on any schedule

5. Verification



I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2-22-13
(month, day, year)

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

____/____/____
Date qualified as committee

____/____/____
Date qualified as committee
(If applicable)

Termination - See Part 5
List I.D. number:

1259607

2, 6, 13
Date of Termination

Date Stamp

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Committee to Elect Willem M. Nichols

STREET ADDRESS (NO P.O. BOX)

10101 CRATER LAKE DR

CITY STATE ZIP CODE AREA CODE/PHONE

Roseville CA 95678 916-784-1910

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

Willem_Nichols@Surrewest.net

COUNTY OF DOMICILE

PLACER

JURISDICTION WHERE COMMITTEE IS ACTIVE

PLACER COUNTY

2. Treasurer and Other Principal Officers

NAME OF TREASURER

GINA GARBLINO

STREET ADDRESS (NO P.O. BOX)

10101 CRATER LAKE DR

CITY STATE ZIP CODE AREA CODE/PHONE

Roseville CA 95678 916-782-7392

NAME OF ASSISTANT TREASURER, IF ANY

N/A

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

N/A

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information is true and correct.

Executed on 2-6-13 By _____



Executed on 2-6-13 By _____

Executed on _____ By _____

Executed on _____ By _____

TREASURER OR ASSISTANT TREASURER

OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 3

I.D. NUMBER

COMMITTEE NAME
Committee to Elect Cateen M. Nichols

1259607

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Election of Superior Court Judge 3-27-04

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

Recipient Committee Campaign Statement – Short Form

Type or print in ink.

Date Stamp

CALIFORNIA FORM 450

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period
from _____
through 12

Date of election if applicable:
(Month, Day, Year)
3-2-2004

Page _____ of _____

For Official Use Only

1. Type of Recipient Committee:

- Ballot Measure Committee
- General Purpose Committee
- Primarily Formed
- Sponsored
- Controlled
- Small Contributor Committee
- Sponsored
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Pre-election Statement
- Quarterly Statement
- Semi-annual Statement
- Special Odd-year Report
- Termination Statement
- Supplemental Pre-election Statement - Attach Form 495
- Amendment (Explain) _____
(Also check type of statement you are amending)

3. Committee Information

I.D. NUMBER

1259657

COMMITTEE NAME

Committee to Elect Colleen M. Nichols

STREET ADDRESS (NO P.O. BOX)

1111 CRATER LAKE DR

CITY STATE ZIP CODE AREA CODE/PHONE

Roseville CA 95678 916-784-1910

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Colleen_Nichols@SUNWEST.NET

Treasurer(s)

NAME OF TREASURER

GINA GARLAND

MAILING ADDRESS

1111 CRATER LAKE DR

CITY STATE ZIP CODE AREA CODE/PHONE

Roseville CA 95678 916-782-7322

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is

Executed on 2-6-13
DATE

By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT