

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

FILED <small>Date Stamp</small> AUG 10 2016 ALBANY CITY CLERK	CALIFORNIA FORM 470 <small>For Official Use Only</small>
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1. Statement Covers Calendar Year 20 16.

Date of election if applicable:
(Month, Day, Year)
11/8/2016

Amendment (Explain Below)

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Saib Clark

STREET ADDRESS
1041 Cornell Ave. CA

CITY
(510) 524-8795

STATE
CA

ZIP CODE
94706

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX/E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board of Education

JURISDICTION (LOCATION)
Albany

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 I.D. 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 8/10/16
DATE

By _____
OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form