

Officeholder and Candidate Campaign Statement - Short Form

FILED

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

Amendment (Explain Below)

ALBANY CITY CLERK

Date Stamp
AUG 11 2016

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 16.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Kim Trutane
STREET ADDRESS
1077 Curtis St
CITY
Albany STATE
CA ZIP CODE
94706
AREA CODE/DAYTIME PHONE NUMBER
510 684-9675 OPTIONAL: FAX / E-MAIL ADDRESS
ktrutane@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
School Board
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
	<u>1077 Curtis St Albany CA 94706</u>	<u>Kathleen Bliss</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 8/11/16 DATE

By 

Clear Form

Print Form