

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

SEE INSTRUCTIONS ON REVERSE

<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp FILED SEP 10 2018 ALBANY CITY CLERK	CALIFORNIA FORM 470 For Official Use Only
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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
Rochelle Nason

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Albany CA 94707

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

2. Office Sought

OFFICE SOUGHT DISTRICT NUMBER (IF APPLICABLE)
Member of the City Council, Albany California

DATE OF ELECTION (MONTH, DAY, YEAR)
November 6, 2018

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

9/7/18

(MONTH, DAY, YEAR)

Clear Form **Print Form**