

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

Date of election if applicable:
(Month, Day, Year)
November 6, 2018

Amendment (Explain Below)

Date Stamp
FILED
AUG 10 2018
ALBANY CITY CLERK

**CALIFORNIA
FORM 470**
For Official Use Only

1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Preston Jordan
STREET ADDRESS
524 Talbot Avenue
CITY STATE ZIP CODE
Albany CA 94706
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
510 418-9660 prestonforalbany@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Member of the Council
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
City of Albany MA

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 10 August 2018
DATE

By [Redacted Signature]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form