

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

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

**Amendment** (Explain Below)

Date Stamp  
**FILED**  
AUG 09 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  
Brian L. Doss  
STREET ADDRESS  
1070 Jackson St Apt. 723  
CITY  
Albany STATE  
CA ZIP CODE  
94706  
AREA CODE/DAYTIME PHONE NUMBER  
(925) 826-9741  
OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Board of Education Member  
JURISDICTION (LOCATION)  
Albany DISTRICT NUMBER  
(IF APPLICABLE)

**4. Committee Information**

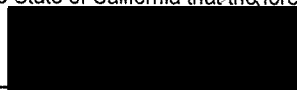
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

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 8/9/18 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form