CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date **FileED**ng Receive Official Use Only AUG 0 9 2018 ALBANY CITY CLERK

Please type or print in ink.

NA	ME OF FILER (LAST) (FIRST) P(CAY	(MIDDLE)
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms) (ity of Albany Unified Division, Board, Department, District, if applicable Roard of Education	School district Your Position Board Member Candidate
	► If filing for multiple positions, list below or on an attachment. (Do not u	
	Agency:	
2.	Jurisdiction of Office (Check at least one box)	
	□ State □ Multi-County ————————————————————————————————————	Judge or Court Commissioner (Statewide Jurisdiction)
3.	Type of Statement (Check at least one box) Annual: The period covered is January 1, 2017, through December 31, 2017.	Leaving Office: Date Left/(Check one)
	The period covered is/, through December 31, 2017.	 The period covered is January 1, 2017, through the date of leaving office. -or-
	Assuming Office: Date assumed/	O The period covered is
,		
4. Schedule Summary (must complete) ► Total number of pages including this cover page:/ Schedules attached		
-o	☐ Schedule A-2 - Investments – schedule attached ☐ Schedule B - Real Property – schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached
5. \	/erification	
: (MAILING ADDRESS (Business or Agency Address Recommended - Public Document) 1070 DACKSCM S+ #723 Ally DAYTIME TELEPHONE NUMBER (425) 826 - 9741 have used all reasonable diligence in preparing this statement. I have revienerein and in any attached schedules is true and complete. I acknowledge	bri and oss 6 zer yahoo. Cory ewed this statement and to the best of my knowledge the information contained
I	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
ſ	Date Signed S/9/18 (month, day, year)	Signature (File the originally signed statement with your filing official.)