

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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Date Initial Filing Received
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AUG 07 2018
ALBANY CITY CLERK

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Blanchard Charles Lloyd

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Albany Unified School District
Division, Board, Department, District, if applicable Board of Education
Your Position Member candidate

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- State
Multi-County
City of Albany
Judge or Court Commissioner (Statewide Jurisdiction)
County of
Other

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
Assuming Office: Date assumed
Candidate: Date of Election 11/6/2018 and office sought, if different than Part 1:

4. Schedule Summary (must complete) Total number of pages including this cover page: 5

Schedules attached

- Schedule A-1 - Investments - schedule attached
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

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
904 Talbot Avenue Albany CA 94706
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(510) 525-6231 charles.l.d.blanchard@gmail.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed July 22, 2018
(month, day, year)

Signature
(File the originally signed statement with your filing official)

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
 California Teachers Association

ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Membership representation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 10 / 18	\$ 25	Annual breakfast
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: Annual breakfast recognition of school board members, Alameda and Contra Costa counties