

**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 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

Clementina Durón

STREET ADDRESS

[REDACTED]

CITY

[REDACTED]

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

clementina\_duron@yahoo.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Board of Education

JURISDICTION (LOCATION)

Albany, CA

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

August 8, 2018  
DATE

By

[REDACTED]

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form