

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initialed Received
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AUG 09 2018
ALBANY CITY CLERK

Please type or print in ink.

NAME OF FILER (LAST) Duron (FIRST) Clementina (MIDDLE) _____

1. Office, Agency, or Court

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

► 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.
- or-
- The period covered is _____, through December 31, 2017.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2017, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.
- Candidate: Date of Election Nov 6 '18 and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

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 (Business or Agency Address Recommended - Public Document) _____
 STREET _____ CITY Albany STATE CA ZIP CODE 94706
 DAYTIME TELEPHONE NUMBER _____ E-MAIL ADDRESS Clementina_Duron@yahoo.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 August 9, 2018 (month, day, year) Signature _____
 (File the originally signed statement with your filing official.)