

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable:
(Month, Day, Year)
11 / 6 / 18

Amendment (Explain Below)

Date Stamp
FILED
JUL 26 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

ROSS STAPLETON-GRAY

STREET ADDRESS

1112 CURTIS STREET

CITY

ALBANY

STATE

CA

ZIP CODE

94706

AREA CODE/DAYTIME PHONE NUMBER

(510) 847-1417

OPTIONAL: FAX / E-MAIL ADDRESS

ross.stapletongray@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

TRUSTEE, BOARD OF EDUCATION

JURISDICTION (LOCATION)

ALBANY UNIFIED SCHOOL DISTRICT

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

July 24, 2018

DATE

By

[Redacted Signature]

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form