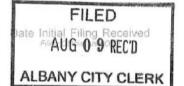


## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT



Please type or print in ink.	
NAME OF FILER (LAST) (FIRST)	(MIDDLE)
Garrett-Pinquelo Jevem	iah manuel
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
City of Albany	City Council member
Division, Board, Department, District, if applicable	Your Position
Charles and the contract of th	
city Council	-
► If filing for multiple positions, list below or on an attachment. (Do not us	e acronyms)
Agency:	Position:
Agency.	T Ostion.
2. Jurisdiction of Office (Check at least one box)	
State	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
	(Statewide Jurisdiction)
Multi-County	County of
City of Albany	Other
Zecity of	
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2023, through December 31, 2023.	Leaving Office: Date Left/(Check one circle.)
The period covered is/, through December 31, 2023.	The period covered is January 1, 2023, through the date of leaving office.
Assuming Office: Date assumed/	The period covered is/, through
	the date of leaving office
Candidate: Date of Flection Nov 5 - and office sought	t, if different than Part 1:
Sandade. But of Election and since stage.	,
4. Schedule Summary (required) ► Total number	r of pages including this cover page:
Schedules attached	
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- V None - No reportable interests on any schedule	
5. Verification	
MAILING ADDRESS STREET CITY	STATE ZIP CODE
(Business or Acency Address Recommended - Public Document)  A   ban	v Ca 94706
DAYTIME TELEPHONE NUMBER	I EMAIL ADDOGGO
DATIME TELEPHONE NUMBER	Land
I have used all reasonable diligence in preparing this statement. I have review	ewed this statement and to the best of my knowledge the information contained
herein and in any attached schedules is true and complete. I acknowledge	e this is a public document.
I certify under penalty of perjury under the laws of the State of California	
, , , , , , , , , , , , , , , , , , , ,	and the state of
Date Signed 8-9-7024	Signature
(month, day, year)	(.)