

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year)
 11/08/16

Amendment (Explain Below)

ALBANY CITY CLERK

FILED
 Date Stamp
 AUG 12 2016

CALIFORNIA FORM 470
 For Official Use Only

1. Statement Covers Calendar Year 20 16.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Clementina Duron

STREET ADDRESS
 1311 Dartmouth Street

CITY STATE ZIP CODE
 Albany CA 94706

AREA CODE/DAYTIME PHONE NUMBER
 (510) 525-7149

OPTIONAL: FAX / EMAIL ADDRESS
 clementina-duron@yahoo.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Member of the 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

N/A

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 8/12/16 DATE

By _____ SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form