

**Officeholder and Candidate  
Campaign Statement -  
Short Form**

Date of election if applicable: (Month, Day, Year)  November 6, 2018	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  <hr/> <hr/>	Date Stamp <b>FILED</b> JUL 30 2018 ALBANY CITY CLERK	<b>CALIFORNIA FORM 470</b> For Official Use Only
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1. Statement Covers Calendar Year 20 18.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
 Rochelle Nason

STREET ADDRESS  
 [REDACTED]

CITY STATE ZIP CODE  
 Albany CA 94707

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
 (510) [REDACTED]

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
 Member of the City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
 Albany, California not applicable3

**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
None (if anyone decides to run against me this year, a committee will be formed and in that case, I expect to change my anticipation regarding how much I will receive this year).		

**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 30, 2018  
DATE

By [REDACTED]  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

**Clear Form** **Print Form**