1. Statement Covers Calendar Year 2018

2. Officeholder or Candidate Information
   NAME OF OFFICEHOLDER OR CANDIDATE
   Rochelle Nason
   STREET ADDRESS
   [Redacted]
   CITY
   Albany
   STATE
   CA
   ZIP CODE
   94707
   AREA CODE/DAYTIME PHONE NUMBER
   (510) [Redacted]
   OPTIONAL: FAX/E-MAIL ADDRESS

3. Office Sought or Held
   OFFICE SOUGHT OR HELD
   Member of the City Council
   JURISDICTION (LOCATION)
   Albany, California
   DISTRICT NUMBER
   not 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
   None (if anyone decides to run against me this year, a committee will be formed and n that case, I expect to change my anticipation regarding how much I will receive this year).
   COMMITTEE ADDRESS
   [Redacted]
   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 30, 2018
   DATE
   By [Redacted]
   SIGNATURE OF OFFICEHOLDER OR CANDIDATE