STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Nason Rochelle

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
City of Albany
Division, Board, Department, District, if applicable
Your Position
Candidate for City Council - Re-election

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: ____________________________ Position: ____________________________

2. Jurisdiction of Office (Check at least one box)

☐ State
☐ Multi-County
☒ City of Albany
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of ____________________________
☐ Other ____________________________

3. Type of Statement (Check at least one box)

- or -
The period covered is __________/________/__________, through December 31, 2017.
☐ Assuming Office: Date assumed __________/________/__________
☒ Candidate: Date of Election 11/06/18 and office sought, if different than Part 1:

☐ Leaving Office: Date Left __________/________/__________
(Choose one)
☐ The period covered is January 1, 2017, through the date of leaving office.
- or -
The period covered is __________/________/__________, through the date of leaving office.

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: __________

Schedules attached

☐ Schedule A-1 - Investments – schedule attached
☐ Schedule A-2 - Investments – schedule attached
☐ Schedule B - Real Property – schedule attached
☐ Schedule C - Income, Loans, & Business Positions – schedule attached
☐ Schedule D - Income – Gifts – schedule attached
☐ Schedule E - Income – Gifts – Travel Payments – schedule attached

☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS STREET CITY STATE ZIP CODE
Albany CA 94707

DAYTIME TELEPHONE NUMBER ____________________________
( 510 ) ____________________________ E-MAIL ADDRESS ____________________________

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 07/30/18

Signature

(Pre-printed name must be printed on your filing affidavit)

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov