**497 Contribution Report**

**NAME OF FILER**

Rochelle Nason

**AREA CODE/PHONE NUMBER**

(510) [Redacted]

**STREET ADDRESS**

CITY: Albany

**STATE** CA

**ZIP CODE** 94707

**REPORT NO.** 1

**REPORT TO REPORT NO.**

(explain below)

**DATE OF THIS FILING** 9/9/18

**DATE STAMP** SEP 10 2018

**CALIFORNIA FORM** 497

For Official Use Only

**1. Contribution(s) Received**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/7/18</td>
<td>Rochelle Nason</td>
<td>☑ IND</td>
<td>Retired nonprofit executive; Vice Mayor of Albany CA</td>
<td>$1,000</td>
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<td></td>
<td></td>
<td>☐ COM</td>
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**Reason for Amendment:**

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**Contributor Codes**

IND – Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

FPPC Form 497 (Jul/2016)

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