Officeholder and Candidate
Campaign Statement - Short Form

1. Statement Covers Calendar Year 20  18

2. Officeholder or Candidate Information
NAME OF OFFICERHOLDER OR CANDIDATE
Preston Jordan

STREET ADDRESS
524 Talbot Avenue

CITY
Albany

STATE
CA

ZIP CODE
94706

AREA CODE/DAYTIME PHONE NUMBER
510 418-9660

OPTIONAL: FAX/E-MAIL ADDRESS
prestonforalbany@gmail.com

3. Office Sought or Held
OFFICE SOUGHT OR HELD
Member of the Council

JURISDICTION (LOCATION)
City of Albany

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME AND I.D. NUMBER</th>
<th>COMMITTEE ADDRESS</th>
<th>NAME OF TREASURER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE NAME AND I.D. NUMBER</th>
<th>COMMITTEE ADDRESS</th>
<th>NAME OF TREASURER</th>
</tr>
</thead>
</table>

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 10 August 2018

By [Signature]

FPPC Form 470/470 Supplement (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov