Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from Aug 15, 2018
to Oct 20, 2018

Date of election if applicable:
(Month, Day, Year)

FILED
OCT 25 2018
ALBANY CITY CLERK

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - Officeholder, Candidate Controlled Committee
   - State Candidate Election Committee
   - Recall
     (Also Complete Part 5)
   - General Purpose Committee
   - Sponsored
   - Small Contributor Committee
   - Political Party/Central Committee
   - Primarily Formed Candidate
     Officeholder Committee
     (Also Complete Part 6)

2. Type of Statement:
   - Preelection Statement
   - Semi-Annual Statement
   - Special Odd-Year Report

3. Committee Information
   - COMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
     Committee to Elect Clementina Durón
     for Board of Education 2018
   - STREET ADDRESS (NO P.O. BOX)
     [Redacted]
   - CITY
     [Redacted]
   - STATE
     CA
   - ZIP CODE
     94706
   - AREA CODE/PHONE
     [Redacted]
   - NAME OF TREASURER
     Ellen Sullivan
   - MAILING ADDRESS
     [Redacted]
   - CITY
     [Redacted]
   - STATE
     [Redacted]
   - ZIP CODE
     [Redacted]
   - AREA CODE/PHONE
     [Redacted]
   - NAME OF ASSISTANT TREASURER, IF ANY
     Billie Varner
   - MAILING ADDRESS
     [Redacted]
   - CITY
     [Redacted]
   - STATE
     [Redacted]
   - ZIP CODE
     [Redacted]
   - AREA CODE/PHONE
     [Redacted]
   - OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification
   I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

   Executed on 10/25/18
   By [Redacted]
   Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
   Executed on 10/25/18
   By [Redacted]
   Signature of Controlling Officerholder, Candidate, State Measure Proponent
   Executed on [Redacted]
   By [Redacted]
   Signature of Controlling Officerholder, Candidate, State Measure Proponent
   Executed on [Redacted]
   By [Redacted]
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

| NAME OF OFFICEHOLDER OR CANDIDATE | Clementina Duron |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | Board of Education - Albany CA |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) |  |

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

| COMMITTEE NAME | Committee to Elect Clementina Duron for Board of Education 2018 |
| I.D. NUMBER |  |
| NAME OF TREASURER | Ellen Sullivan |
| COMMITTEE ADDRESS |  |
| STREET ADDRESS (NO. P.O. BOX) |  |
| CITY | Albany |
| STATE | CA |
| ZIP CODE | 94706 |

6. Primarily Formed Ballot Measure Committee

| NAME OF BALLOT MEASURE |  |
| BALLOT NO. OR LETTER |  |
| JURISDICTION |  |
| SUPPORT |  |
| OPPOSE |  |

Identify the controlling officeholder, candidate, or state measure proponent, if any.

| NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent | Clementina Duron |
| OFFICE SOUGHT OR HELD | Board of Education - Albany |
| DISTRICT NO. IF ANY |  |

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

| NAME OF OFFICEHOLDER OR CANDIDATE | Clementina Duron |
| OFFICE SOUGHT OR HELD | Board of Education |
| NAME OF OFFICEHOLDER OR CANDIDATE |  |
| OFFICE SOUGHT OR HELD |  |
| SUPPORT |  |
| OPPOSE |  |

Attach continuation sheets if necessary
### Contributions Received

1. Monetary Contributions ........................................ Schedule A, Line 3 $1,820.62 $1,820.62
2. Loans Received .................................................... Schedule B, Line 3 0 0
3. SUBTOTAL CASH CONTRIBUTIONS ............................ Add Lines 1 + 2 $1,820.62 $1,820.62
4. Nonmonetary Contributions .................................... Schedule C, Line 3 $1,370.20 $1,370.20
5. TOTAL CONTRIBUTIONS RECEIVED ........................ Add Lines 3 + 4 $3,190.82 $3,190.82

### Expenditures Made

6. Payments Made .................................................. Schedule E, Line 4 0 0
7. Loans Made ....................................................... Schedule H, Line 3 0 0
8. SUBTOTAL CASH PAYMENTS ................................ Add Lines 6 + 7 $1,653.21 $1,653.21
9. Accrued Expenses (Unpaid Bills) ............................ Schedule F, Line 3 $1,370.20 $1,370.20
10. Nonmonetary Adjustment ....................................... Schedule C, Line 3 0 0
11. TOTAL EXPENDITURES MADE ............................... Add Lines 8 + 9 + 10 $1,653.21 $1,653.21

### Current Cash Statement

12. Beginning Cash Balance ...................................... Previous Summary Page, Line 16 0 0
13. Cash Receipts .................................................... Column A, Line 3 above $1,420.62 $1,420.62
14. Miscellaneous Increases to Cash ............................ Schedule I, Line 4 0 0
15. Cash Payments .................................................. Column A, Line 8 above 0 0
16. ENDING CASH BALANCE .................................... Add Lines 12 + 13 + 14, then subtract Line 15 $1,420.62 $1,420.62

If this is a termination statement, Line 16 must be zero.

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents ............................................... See instructions on reverse $0 $0
19. Outstanding Debts ............................................. Add Line 2 + Line 9 in Column B above $0 $0

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

### Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yyyy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$------------</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.
# Schedule A

## Monetary Contributions Received

Amounts may be rounded to whole dollars.

### Statement covers period
from **August 15, 2018**

through **October 30, 2018**

### CALIFORNIA FORM 460

Page 4 of 5

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/01/18</td>
<td>Tomas Almaras</td>
<td>IND</td>
<td>Retired</td>
<td>$500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/01/18</td>
<td>Francisco Hernandez</td>
<td>IND</td>
<td>Retired</td>
<td>$200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/01/18</td>
<td>Maureen Binyan</td>
<td>IND</td>
<td>Retired</td>
<td>$150</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/01/18</td>
<td>Nina &amp; Fernando Genera</td>
<td>IND</td>
<td>Retired</td>
<td>$100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/22/18</td>
<td>Lea Ybarra</td>
<td>IND</td>
<td>Retired</td>
<td>$200</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SUBTOTAL $1,150

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ................................................................. $1,150

2. Amount received this period – unitemized monetary contributions of less than $100 ................................... $470.62

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..................................... TOTAL $1820.62

*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 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov
<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 THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-15-18</td>
<td>Laura M Alie</td>
<td>IND</td>
<td>Psychologist UC Berkeley</td>
<td>$100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-01-18</td>
<td>Billie Naroner</td>
<td>IND</td>
<td>Retired</td>
<td>$100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $ 200**
Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/11/18</td>
<td>Albany Teachers' Association (FPPC # 1060882)</td>
<td>[ ] IND</td>
<td></td>
<td>In-Kind posters, signs, phone calls</td>
<td>$1,370.20</td>
<td>$1,370.20</td>
<td></td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 1,370.20

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.  
   (Include all Schedule C subtotals.) ................................................................. $ 1,370.20

2. Amount received this period – unitemized nonmonetary contributions of less than $100 ........................................... $  -

3. Total nonmonetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ............................. TOTAL $ 1,370.20

*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 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov