1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Albany
City Council

Division, Board, Department, District, if applicable

Your Position

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
☐ County of
☐ Other

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

☐ Annual: The period covered is January 1, 2019, through December 31, 2019.
- or -
The period covered is ______/_____/_______, through December 31, 2019.

☐ Leaving Office: Date Left ______/_____/_______
- or -
The period covered is January 1, 2019, through the date of leaving office.

☐ Assuming Office: Date assumed ______/_____/_______
- or -
The period covered is January 1, 2019, through the date of leaving office.

☐ Candidate: Date of Election 11/3/20 and office sought, if different than Part 1: City Council

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

- or -
☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
P.O. Box 585712, CA 94701-2800

STREET
Walnut Ave

CITY
Albany

STATE
CA

ZIP CODE
94701

DAYTIME TELEPHONE NUMBER
(510) 520-0920

EMAIL ADDRESS
gs1@verizon.net

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 2/27/20

Sign (Stamp or Print)

(Official)