1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Albany City Council

Division, Board, Department, District, if applicable

Your Position

Candidate

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

☐ County of ____________________________

☐ Multi-County ____________________________

☐ City of Albany

☐ 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 ___________. October 31, 2019.

☐ Assuming Office: Date assume ___________. December 31, 2019.

☐ Leaving Office: Date Left ___________. December 31, 2019.

- or -

☐ The period covered is ___________. through ___________. December 31, 2019.

☐ Candidate: Date of Election Nov 3, 2020

4. Schedule Summary (must complete)  ▶ Total number of pages including this cover page: 1

Schedules attached

☐ Schedule A-1 - Investments – schedule attached

☐ Schedule A-2 - Investments – schedule attached

☐ Schedule C - Income, Loans, & Business Positions – schedule attached

☐ Schedule B - Real Property – 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

Streets: Albany

City: Albany

State: CA

ZIP CODE: 94706

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

AaronTiedemann@gmail.com

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: July 15, 2020

Signature: ____________________________