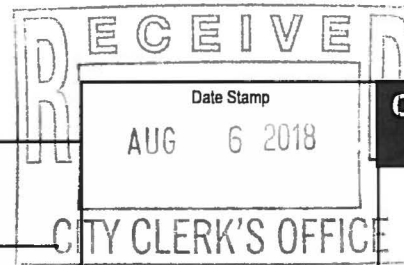


**Officeholder and Candidate
Campaign Statement -
Short Form**



**CALIFORNIA
FORM 470**

Date of election if applicable:
(Month, Day, Year)
11/6/2018

Amendment (Explain Below)

For Official Use Only

1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
RACHEL KERTZ

STREET ADDRESS
11 MAPLE HILL DR

CITY STATE ZIP CODE
SAN RAFAEL CA 94903

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD
MEMBER SAN RAFAEL CITY SCHOOLS

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
SAN RAFAEL

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.

| COMMITTEE NAME AND I.D. NUMBER | COMMITTEE ADDRESS | NAME OF TREASURER |
|--------------------------------|-------------------|-------------------|
| | | |
| | | |

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 8/6/18 DATE

By Rachel Kertz SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form