

Please type or print in ink.

NAME OF FILER (LAST) Roman (FIRST) Michelle (MIDDLE) Renee

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Kingsburg Mayor
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 Kingsburg, Judge or Court Commissioner, County of, Other

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 2018 MAR 25

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

- Annual: The period covered is January 1, 2017, through December 31, 2017.
Assuming Office: Date assumed
Candidate: Date of Election
Leaving Office: Date Left
The period covered is January 1, 2017, through the date of leaving office.

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 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

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS 1401 Draper St. CITY Kingsburg STATE CA ZIP CODE 93631
DAYTIME TELEPHONE NUMBER (559) 897-5821 E-MAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge and 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 3-20-18 (month, day, year)

Signature Michelle Roman (I have used the originally signed statement with your filing official)

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
	For Official Use Only
REC'D JUL 23 2018	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Roman, Michelle R. DAYTIME TELEPHONE NUMBER (557) [REDACTED] FAX NUMBER (optional) () E-MAIL (optional)

[REDACTED] CITY STATE CA ZIP CODE 93631

OFFICE SOUGHT (POSITION TITLE) Council member AGENCY NAME City of Kingsburg DISTRICT NUMBER, if applicable, 4 NON-PARTISAN PARTY:

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2018 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

 Primary/general election Special/runoff election
(Year of Election) (Year of Election)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-16-18 Signature Michelle Roman
(month, day, year) (Candidate)

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

Date of election if applicable: (Month, Day, Year) <u>11-6-18</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp REC'D JUL 23 2018	CALIFORNIA FORM 470 <small>For Official Use Only</small>
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1. Statement Covers Calendar Year 20 18.

<p>2. Officeholder or Candidate Information</p> <p><small>NAME OF OFFICEHOLDER OR CANDIDATE</small> <u>Michelle Roman</u></p> <p><small>STREET ADDRESS</small> [REDACTED]</p> <p><small>CITY</small> <u>Kingsburg</u> <small>STATE</small> <u>CA</u> <small>ZIP CODE</small> <u>93631</u></p> <p><small>AREA CODE/ALTERNATE PHONE NUMBER</small> [REDACTED] <small>OPTIONAL: FAX / E-MAIL ADDRESS</small></p>	<p>3. Office Sought or Held</p> <p><small>OFFICE SOUGHT OR HELD</small> <u>Councilmember</u></p> <p><small>JURISDICTION (LOCATION)</small> <u>City of Kingsburg</u> <small>DISTRICT NUMBER (IF APPLICABLE)</small> <u>4</u></p>
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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 7-16-18 DATE

By Michelle Roman SIGNATURE OF OFFICEHOLDER OR CANDIDATE