

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Brian Doss 4 Albany School Board 2018		Date of This Filing 10-11-18	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) NA	Report No. 1	FILED OCT 11 2018 ALBANY CITY CLERK	
STREET ADDRESS 1070 Jackson Street Apt 723		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Albany	STATE CA	ZIP CODE 94706	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10-11-18	Albany Teachers Association Political Action Committee FPPC# 1360882 <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1370.20 <input type="checkbox"/> Check if Loan _____% Provide interest rate
	Approved by Brian Doss 	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate

****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

Reason for Amendment: _____