

497 Contribution Report

Amounts may be rounded to whole dollars.

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|---|---|--|--|----------------------------|
| NAME OF FILER Sara Hinkley 4 Albany School Board 2018 | | Date of This Filing 10-11-18 | Date Stamp | CALIFORNIA FORM 497 |
| AREA CODE/PHONE NUMBER | I.D. NUMBER (if applicable) 1412308 | Report No. 1 | FILED OCT 11 2018 ALBANY CITY CLERK | |
| STREET ADDRESS 640 San Gabriel | | <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> | | |
| 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: 150px; 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 | | 965.20 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small> |
| | | <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 _____% <small>Provide interest rate</small> |
| | <i>Approved by Sara Hinkley [Signature]</i> | <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 _____% <small>Provide interest rate</small> |

Reason for Amendment: _____

****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