

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Albany Teachers Association Political Action Committee		Date of This Filing 10-11-18	Date Stamp CITY OF ALBANY OCT 10 2018 Administration Department	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1360882	Report No. 1		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY [REDACTED]	STATE [REDACTED]		ZIP CODE [REDACTED]	
		No. of Pages 1		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
10-10-18	Sara Hinkley 4 Albany School Board 2018 FPPC# 1412308 [REDACTED]	Sara Hinkley Albany Board of Education 2018	965.20	11-6-2018
10-10-18	Clementina Duron for Board of Education 2018 FPPC#1409694 [REDACTED]	Clementina Duron Albany Board of Education 2018	1370.20	11-6-2018
10-10-18	Brian Doss 4 Albany School Board 2018 [REDACTED]	Brian Doss Albany Board of Education 2018	1370.20	11-6-2018
<p style="font-size: 2em; font-family: cursive;">Prepared & submitted by MIRIAM WALLEN</p>				

Reason for Amendment: _____