

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or Date qualified as committee _____ / _____ / _____
 _____ / _____ / _____
 Date qualified as committee Date of termination 12 / 31 / 2018

Date Stamp

RECEIVED
JAN 29 2019
ALBANY CITY CLERK

CALIFORNIA FORM 410
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1. Committee Information I.D. Number (if applicable) 1412308 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
 Sara Hinkley 4 Albany School Board 2018

STREET ADDRESS (NO P.O. BOX)
 640 San Gabriel Ave

CITY STATE ZIP CODE AREA CODE/PHONE
 Albany CA 94706 [REDACTED]

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Alameda City of Albany

NAME OF TREASURER
 Sara Hinkley

STREET ADDRESS (NO P.O. BOX)
 640 San Gabriel Ave

CITY STATE ZIP CODE AREA CODE/PHONE
 Albany CA 94706 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
 Sara Hinkley

STREET ADDRESS (NO P.O. BOX)
 640 San Gabriel Ave

CITY STATE ZIP CODE AREA CODE/PHONE
 Albany CA 94706 [REDACTED]

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/21/2019 By [REDACTED] TREASURER
 Executed on 1/21/2019 By [REDACTED] ASSISTANT TREASURER
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT