

**Officeholder and Candidate
Campaign Statement -
Form 470 Supplement**

SEE INSTRUCTIONS ON REVERSE

Amendment (Explain Below)
Reached \$2,000
in expenditures

Date Stamp
FILED
OCT 05 2018
ALBANY CITY CLERK

CALIFORNIA FORM 470
For Official Use Only

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Sara Hinkley

STREET ADDRESS
640 San Gabriel Ave

CITY STATE ZIP CODE
Albany CA 94706

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED] [REDACTED]

2. Office Sought

OFFICE SOUGHT DISTRICT NUMBER (IF APPLICABLE)
Member of Board of Education, Albany

DATE OF ELECTION (MONTH, DAY, YEAR)
November 6, 2018

3. Date Contributions Totalling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

October 2, 2018
(MONTH, DAY, YEAR)

Clear Form **Print Form**