

**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 10 / 2 / 2018 Date of termination _____

Date Stamp
RECEIVED
 OCT 05 2018
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

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 10/5/2018 By [REDACTED] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/5/2018 By [REDACTED] SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT