# Statement of Organization

Recipent Committee

Statement Type  
- □ Initial  
- □ Amendment  
- □ Termination – See Part 5

**1. Committee Information**

<table>
<thead>
<tr>
<th>I.D. Number</th>
<th>14/2308</th>
</tr>
</thead>
</table>

NAME OF COMMITTEE  
Sara Hinkley 4 Albany School Board 2018

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

Albany  
CA  
94706

MAILING ADDRESS (IF DIFFERENT)

CITY  
STATE  
ZIP CODE  
AREA CODE/PHONE

COUNTY OF DOMICILE  
JURISDICTION WHERE COMMITTEE IS ACTIVE

---

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Sara Hinkley

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

Albany  
CA  
94706

NAME OF ASSISTANT TREASURER, IF ANY

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

Albany  
CA  
94706

NAME OF PRINCIPAL OFFICER(S)

Sara Hinkley

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

Albany  
CA  
94706

---

**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]

Executed on 10/5/2018  
By [REDACTED]

Executed on [REDACTED]  
By [REDACTED]

Executed on [REDACTED]  
By [REDACTED]

FFPC Form 410 (February 2018)  
FFPC Advice: advice@ffpc.ca.gov (866/275-3772)  
www.ffpc.ca.gov