# 497 Contribution Report

**Amounts may be rounded to whole dollars.**

**NAME OF FILER**
Brian Beall for Albany School Board 2020

**AREA CODE/PHONE NUMBER**

**I.D. NUMBER (if applicable)**
1430936

**STREET ADDRESS**

**CITY**
Sacramento

**STATE**
CA

**ZIP CODE**
95815

**Date of This Filing** 09/18/2020

**Report No.** 815706-MC

**Date Stamp**

**CALIFORNIA FORM 497**

**FILED**
SEP 18 2020

**ALBANY CITY CLERK**

**No. of Pages** 1

## 1. Contribution(s) Received

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/17/2020</td>
<td>Brian Beall</td>
<td>IND</td>
<td>Programer LynchMarks, LLC</td>
<td>$3,000.00</td>
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</tbody>
</table>

**Reason for Amendment:**

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*Contributor Codes*

- IND – Individual
- COM – Recipient Committee (other than PTY or SCC)
- OTH – Other (e.g., business entity)
- PTY – Political Party
- SCC – Small Contributor Committee

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