

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA
FORM **460**Page 1 of 13

For Official Use Only

Date Stamp

City of Lincoln

SEP 22 2026

City Clerk

Statement covers period

from 07/01/2026through 09/19/2026Date of election if applicable:
(Month, Day, Year)Nov. 3, 2026

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.☒ Officeholder, Candidate Controlled Committee☐ State Candidate Election Committee☐ Recall

(Also Complete Part 5)

☐ General Purpose Committee☐ Sponsored☐ Small Contributor Committee☐ Political Party/Central Committee☐ Primarily Formed Ballot Measure
Committee☐ Controlled☐ Sponsored

(Also Complete Part 6)

☐ Primarily Formed Candidate/
Officeholder Committee

(Also Complete Part 7)

2. Type of Statement:☒ Preelection Statement☐ Semi-annual Statement☐ Termination Statement

(Also file a Form 410 Termination)

☐ Amendment (Explain below)☐ Quarterly Statement☐ Special Odd-Year Report**3. Committee Information**

I.D. NUMBER

1462332

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Holly Andreatta for Lincoln City Council 2026

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

Lincoln CA 95648 [REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Holly Andreatta

MAILING ADDRESS

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

Lincoln CA 95648 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 09/21/2026
DateExecuted on 09/21/2026
DateExecuted on _____
DateExecuted on _____
DateBy _____
Signature of Treasurer or Assistant TreasurerBy _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of SponsorBy _____
Signature of Controlling Officeholder, Candidate, State Measure ProponentBy _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

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Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Holly Andreatta

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Lincoln City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[REDACTED] Lincoln CA 95648

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

Holly Andreatta for Lincoln City Council 2026

I.D. NUMBER

1462332

NAME OF TREASURER

Holly Andreatta

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

Lincoln CA 95648 916-768-3501

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 07/01/2026
through 09/19/2026

CALIFORNIA
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Holly Andreatta

I.D. NUMBER

1462332

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 16,816.52	\$
2. Loans Received..... Schedule B, Line 3	0	
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 16,816.52	\$
4. Nonmonetary Contributions..... Schedule C, Line 3	0	
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 16,816.52	\$

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

Expenditures Made

6. Payments Made..... Schedule E, Line 4	\$ 8156.20	\$
7. Loans Made..... Schedule H, Line 3	0	
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 8,156.20	\$
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0	
10. Nonmonetary Adjustment..... Schedule C, Line 3	0	
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 8,156.20	\$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$
13. Cash Receipts..... Column A, Line 3 above	16,816.52
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	
15. Cash Payments..... Column A, Line 8 above	8,156.20
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 8,660.32
If this is a termination statement, Line 16 must be zero.	

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ 0
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 0

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from 07/01/2026 through 09/19/2026	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Holly Andreatta

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/29/26	Holly Andreatta for Placer County Supervisor [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher / City Council Member	\$2,928.52		
08/04/26	Sacramento Area Firefighters Local 522 PAC ID#746138 1121 L Street, Suite 200	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		\$5,000		
09/01/26	United Auburn Indian Community 455 Capitol Mall, Suite 600 Sacramento, CA 95814	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		\$2,500		
08/10/26	Jason Paletta [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$100.00		
08/22/26	Kathy Arts [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Clarity Pool - Owner	\$250.00		

SUBTOTAL \$ 10,778.52

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 16,253.52
- Amount received this period – unitemized monetary contributions of less than \$100\$ 563.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$ 16,816.52**

*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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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2026</u> through <u>09/19/2026</u>		CALIFORNIA FORM 460
Page <u>5</u> of <u>13</u>		
NAME OF FILER Holly Andreatta		I.D. NUMBER 1462332

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/22/26	Donny Allendale [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Pacific Coast	\$100.00		
08/23/26	Bill Halldin [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$125.00		
08/23/26	Neal Hinson [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Single Trax Equity - Owner	\$500.00		
08/24/26	Clifton Taylor [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Domekyo Taylor Holding Company	\$500.00		
08/30/26	Harriet Garland [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$100.00		
SUBTOTAL \$ 1,325.00						

*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

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from 07/01/2026 through 09/19/2026	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Holly Andreatta

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/31/26	Carol Wilson [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$250.00		
08/31/26	Amy Cho [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$100.00		
09/01/26	Jose Urdaneta [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Pastor, Light of Restoration Church	\$100.00		
09/02/26	Angel Rodriquez [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Ranching Livestock	\$500.00		
09/02/26	Michaela Swaney [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Sweet Adelines Boutique	\$100.00		

SUBTOTAL \$ 1,050.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ _____
- Amount received this period – unitemized monetary contributions of less than \$100\$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** _____

*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

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from 07/01/2026 through 09/19/2026	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Holly Andreatta

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/02/26	Ann Larsen [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$100.00		
09/02/26	Mark Spannagel [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Republic Strategy Group	\$500.00		
09/02/26	Victoria Borst [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Lincoln Area Chamber of Commerce	\$100.00		
09/02/26	Kenneth Long [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$150.00		
09/02/26	Sharon Fastcrow [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$100.00		

SUBTOTAL \$ 950.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ _____
- Amount received this period – unitemized monetary contributions of less than \$100\$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** _____

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

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Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from 07/01/2026 through 09/19/2026	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Holly Andreatta

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/02/26	Angie Balderas [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Entravision, General Manager	\$300.00		
09/03/26	Tanner DiBella [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	American Council, CEO	\$500.00		
09/05/26	Steve Bringman [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$100.00		
09/08/26	Matt Klemin	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Commonwealth Republic Partners, Parnter	\$100.00		
09/02/26	Rita Piziali [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$100.00		

SUBTOTAL \$ 1,100.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ _____
- Amount received this period – unitemized monetary contributions of less than \$100\$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** _____

*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

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from 07/01/2026 through 09/19/2026	CALIFORNIA FORM 460 Page 9 of 13
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Holly Andreatta

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/02/26	Todd Smith [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$100.00		
09/02/26	Tejinder Maan [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$100.00		
09/02/26	Mary Wishire [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$100.00		
09/10/26	Diana Martyn [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$250.00		
09/08/26	Craig Rimer [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Certified Legal Investigator	\$500.00		

SUBTOTAL \$ 1050.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ _____
- Amount received this period – unitemized monetary contributions of less than \$100\$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** _____

*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

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	07/01/2026	
through	09/19/2026	Page 10 of 13
NAME OF FILER Holly Andreatta		I.D. NUMBER 1462332

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Nordstrom Roseville, Ca	CMP	Photo Shoot & Appearance Clothing	\$101.27
Holly Andreatta 2508 Lincoln Airpark Drive	CMP	Photo Shoot & Appearance Clothing Reimbursement	\$672.44
Placer County Elections Rocklin, Ca	FIL	Ballot Statement Fee	\$495.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1,268.71

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 7,703.87
2. Unitemized payments made this period of under \$100	\$ 452.33
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 8,156.20

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 07/01/2026 through 09/19/2026	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Holly Andreatta

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sign Worx 1468 Sky Harbor Dr., Ste. J	CMP		Campaign Signs	\$650.46
Brick and Barrel 155 Joiner Parkway	FND		Campaign Kick-Off Event/Fundraiser	\$631.08
Cattlemen's Restaurant 2000 Taylor Road	MTG		Stakeholder Meeting	\$152.47
Vista Print (on-line)	LIT		Campaign Door Hangers	\$1,298.78

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2,732.79

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 07/01/2026 through 09/19/2026	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Holly Andreatta

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Council Loomis, Ca	CVC	American Council Gala	\$312.54
Sign Worx 1468 Sky Harbor Dr., Ste. J, Olivehurst, Ca 95961	CMP	Campaign Signs	\$442.70
Borel Photography Roseville, Ca	FND	Photography	\$200.00
City of Lincoln 600 6th Street, Lincoln Ca 95648	FIL	Campaign Sign Deposit	\$250.00
R & D Custom Works Lincoln, Ca 95648	CMP	Campaign materials	\$429.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1,634.24

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Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 07/01/2026 through 09/19/2026	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Holly Andreatta

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Elite Trophies & Awards 2846 Eastcliff Way Lincoln, Ca 95648	CVC		Community Sponsorship	\$268.13
Ohana Strategy Group Roseville, Ca	CNS		Campaig Consulting	\$1,000.00
Dauntless Communications 1139 Smith Lane, Roseville, Ca 95661	WEB		Campaign Website	\$800.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2,068.13