

# 497 Contribution Report

Amounts may be rounded to whole dollars.

|                                        |                                                 |                                                                           |                                                                                 |                            |
|----------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------|
| NAME OF FILER<br><b>Benjamin Brown</b> |                                                 | Date of This Filing<br><b>9/18/26</b>                                     | Date Stamp<br><b>City Clerk</b><br><b>SEP 18 2026</b><br><b>City of Lincoln</b> | CALIFORNIA FORM <b>497</b> |
| AREA CODE PHONE NUMBER<br>[REDACTED]   | I.D. NUMBER (if applicable)<br><b># 1494440</b> | Report No. _____                                                          | For Official Use Only                                                           |                            |
| STREET ADDRESS<br>[REDACTED]           |                                                 | <input type="checkbox"/> Amendment to Report No. _____<br>(explain below) |                                                                                 |                            |
| CITY<br><b>Lincoln</b>                 | STATE<br><b>CA</b>                              | ZIP CODE<br><b>95648</b>                                                  | No. of Pages _____                                                              |                            |

## 1. Contribution(s) Received

| DATE RECEIVED  | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE*                                                                                                                                                       | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED                                                                            |
|----------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>9/17/26</b> | <b>Committee for Home Ownership of the Natl State Building Industry Assoc.</b><br>[REDACTED]    | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input checked="" type="checkbox"/> SCC |                                                                                               | <b>\$5500</b><br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate |
|                |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               | <input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate                  |
|                |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               | <input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate                  |

Reason for Amendment: \_\_\_\_\_

\* 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