

# 497 Contribution Report

Amounts may be rounded to whole dollars.

|                                                                     |                                               |                          |                                                                           |                                        |                                                     |
|---------------------------------------------------------------------|-----------------------------------------------|--------------------------|---------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------|
| NAME OF FILER<br><b>Spencer Short for Lincoln City Council 2026</b> |                                               |                          | Date of This Filing<br><b>10/25/2026</b>                                  | Date Stamp<br><i>Received 10/20/26</i> | CALIFORNIA FORM <b>497</b><br>For Official Use Only |
| AREA CODE/PHONE NUMBER<br>[REDACTED]                                | I.D. NUMBER (if applicable)<br><b>1496468</b> |                          | Report No. <b>2</b>                                                       |                                        |                                                     |
| STREET ADDRESS<br>[REDACTED]                                        |                                               |                          | <input type="checkbox"/> Amendment to Report No. _____<br>(explain below) |                                        |                                                     |
| CITY<br><b>Rocklin</b>                                              | STATE<br><b>CA</b>                            | ZIP CODE<br><b>95765</b> | No. of Pages <b>1</b>                                                     |                                        |                                                     |

## 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                                                                       |
|---------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 10/25/2026    | Placer Business Alliance Candidate PAC<br>[REDACTED]<br>San Rafael, CA 9913<br>FPPC# 1463488                                | <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 | NA                                                                                            | 1,000.00<br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate |
| 10/25/2026    | California Real Estate Political Actrion Committee #890106<br>C/O Reed & Davidon LLP<br>[REDACTED]<br>Los Angeles, CA 90071 | <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 | NA                                                                                            | 2,500.00<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             |

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