Statement of Organization
Recipient Committee

Statement Type

☐ Initial	☑ Amendment	☐ Termination – See Part 5
○ Not yet qualified or ○ Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	08/04/2026	____/____/____

Date Stamp: RECEIVED AUG 17 2026 CITY OF LINCOLN

CALIFORNIA FORM 410

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1. Committee Information

I.D. Number (if applicable): 1462332

NAME OF 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]

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
[redacted]

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Placer	City of Lincoln

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Holly Andreatta

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
[redacted]	Lincoln	CA	95648

EMAIL ADDRESS OF TREASURER (REQUIRED) — AREA CODE/PHONE
[redacted]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) — AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Holly Andreatta

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
[redacted]	Lincoln	CA	95648

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) — AREA CODE/PHONE
[redacted]

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 08/17/2026 (DATE) By [redacted] (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 08/17/2026 (DATE) By [redacted] (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on ____ (DATE) By ____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on ____ (DATE) By ____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)