

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Holly Andreatta		Date of This Filing 10/3/2026	Date Stamp City Clerk OCT 03 2026 City of Lincoln	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1462332	Report No. 3		
STREET ADDRESS [REDACTED]		☐ Amendment to Report No. _____ (explain below)		
CITY Lincoln	STATE CA	ZIP CODE 95648		

1. Contribution(s) Received

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
10/02/2026	Committee for Home Ownership of the Northstate Building Industry, Assoc. [REDACTED]	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		\$5,500.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% 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