497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Holly Andreatta		08/17/2026	RECEIVED AUG 17 2026 CITY OF LINCOLN	For Official Use Only
AREA CODE/PHONE NUMBER [redacted]	I.D. NUMBER *(if applicable)* 1462332	Report No.		
STREET ADDRESS [redacted]		☐ Amendment to Report No. (explain below)		
CITY: Lincoln	STATE: CA ZIP CODE: 95648	No. of Pages: 1		

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
07/29/2026	Holly Andreatta for Supervisor 2026 [redacted] Lincoln, CA 95648	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		2,928.52 ☐ Check if Loan _____% Provide interest rate
08/04/2026	Sacramento Area Firefighters Local 522 PAC ID#746138 1121 L Street, Suite 200 Sacramento, CA 95814	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		5,000.00 ☐ 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