497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Christine Colvin Treshchuk		11/3/26	City Clerk	For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)* 1495315	Report No. 3	NOV 03 2026	
STREET ADDRESS [redacted]		☐ Amendment to Report No. (explain below)	City of Lincoln	
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
11/2/26	Democratic Club of Lincoln FPPC 1258421 Lincoln, Ca 95648	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		2000.00 ☐ 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

* 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

Reason for Amendment: _____