

OCT 22 2026

City of Lincoln

497 FORM

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Date Stamp

10/13

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER	AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Date of This Filing	
Ben Brown	(916) 747-7212	1494440	10/13/2026	
STREET ADDRESS	CITY	STATE	ZIP CODE	No. of Pages
	Lincoln	CA	95648	1

Report No. 2 Amendment to Report No. _____ (explain below)

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	AMOUNT RECEIVED
10/13/2026	Sacramento Area Fire Fighters Local 522 PAC #746138 1121 L Street, Suite 200, Sacramento, CA 95814	COM		\$5,900.00
[] Check if Loan 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 Commitment

Reason for Amendment: (none)