497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER: Elect Alyssa Silhi for Lincoln City Council 2018

AREA CODE/PHONE NUMBER:

I.D. NUMBER (if applicable): 1408972

STREET ADDRESS:

CITY: Lincoln STATE: CA ZIP CODE: 95648

Date of This Filing: 9/7/2018

Report No.: 497.002

☐ Amendment to Report No. _____ (explain below)

No. of Pages: 1

Date Stamp: RECEIVED SEP - 7 2018 CITY OF LINCOLN

CALIFORNIA FORM 497

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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
9/7/2018	Engineer Mechanical Contractor, Inc. Rocklin, CA 95765	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		5000.00 ☐ 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: _____