497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER: Holly Woods Andreatta for Lincoln City Council 2018

AREA CODE/PHONE NUMBER:

I.D. NUMBER (if applicable): 1408071

STREET ADDRESS:

CITY: Lincoln STATE: Ca ZIP CODE: 95648

Date of This Filing: 9/14/18

Report No.:

☐ Amendment to Report No. (explain below)

No. of Pages: 1

Date Stamp: RECEIVED SEP 14 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 ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
9/11/18	Albert Scheiber Lincoln, Ca 95648	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Farmer/ Rancher	$2,500.00 ☐ Check if Loan Provide interest rate %
9/7/18	David Stanley Lincoln, Ca 95648	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Corporate Attorney	$1,000.00 ☐ 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: