497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER: Dan Cross	Date of This Filing: 10-16-18	Date Stamp: RECEIVED OCT 16 2018 CITY OF LINCOLN	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER:	I.D. NUMBER (if applicable): 1408219	Report No.	
STREET ADDRESS:		☐ Amendment to Report No. (explain below)	
CITY: Lincoln	STATE: CA ZIP CODE: 95648	No. of Pages	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10-15-18	John Papagianopoulis Sacramento, CA 95825	Dan Cross Lincoln City Council	$1,000.00	11-6-2018

Reason for Amendment: _____