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CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Andreatta Holly Danielle CITY OF LINCOLN

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Lincoln

Division, Board, Department, District, if applicable

Your Position

City Councilmember

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: See attached.

Position:

2. Jurisdiction of Office (Check at least one box)

State

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of

City of Lincoln

Other

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2019, through December 31, 2019.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2019.

The period covered is January 1, 2019, through the date of leaving office.

-or-

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Candidate: Date of Election \_\_\_\_ and office sought, if different than Part 1: \_\_\_\_

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 4

Schedules attached

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
600 Sixth Street Lincoln CA 95648

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 916 ) 434-2490 holly.andreatta@lincolnca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/6/2020  
(month, day, year)

Signature Holly Andreatta  
(File the originally signed paper statement with your filing official.)

**SCHEDULE D**  
**Income – Gifts**

Name

Holly Andreatta

▶ NAME OF SOURCE (Not an Acronym)  
 Hefner Law

ADDRESS (Business Address Acceptable)  
 2150 River Plaza Dr. #450, Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Cap to Cap

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 04 / 19	\$ 198	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Teichert Construction

ADDRESS (Business Address Acceptable)  
 3500 American River Dr., Sacramento, CA 95864

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Cap to Cap

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 06 / 19	\$ 157.26	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Kaiser Foundation Health

ADDRESS (Business Address Acceptable)  
 6600 Bruceville Rd., Sacramento, CA 95823

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Cap to Cap

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 05 / 19	\$ 188.75	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Dignity Health

ADDRESS (Business Address Acceptable)  
 3400 Data Drive, Rancho Cordova, CA 95670

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Cap to Cap

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 07 / 19	\$ 36.19	Brunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Sutter Health Foundation

ADDRESS (Business Address Acceptable)  
 2200 River Plaza Dr., Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Cap to Cap

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 06 / 19	\$ 157.26	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Easton Development Company

ADDRESS (Business Address Acceptable)  
 1180 Iron Point Rd., Sacramento, CA 95630

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Cap to Cap

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 07 / 19	\$ 36.19	Brunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: Sutter/Teichert co-sponsored the dinner.

Dignity Health/Easton/Western Health co-sponsored the brunch.

**SCHEDULE D**  
**Income – Gifts**

Name

Holly Andreatta

▶ NAME OF SOURCE *(Not an Acronym)*  
Western Health Advantage

ADDRESS *(Business Address Acceptable)*  
2349 Gateway Oaks #100, Sacramento, CA 95823

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Cap to Cap

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 07 / 19	\$ 36.19	Brunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
FSB Public Affairs

ADDRESS *(Business Address Acceptable)*  
1800 J Street, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Cap to Cap

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 04 / 19	\$ 5.35	Reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
North State Building Industry Association

ADDRESS *(Business Address Acceptable)*  
1536 Eureka Road, Roseville, CA 95661

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Cap to Cap

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 21 / 19	\$ 125	Reception/Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_

## SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

Name

Holly Andreatta

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)  
Western Placer Waste Management Authority

ADDRESS (Business Address Acceptable)  
3013 Fiddymont Road

CITY AND STATE  
Roseville, CA 95747

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Regional Landfill JPA

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 200  
*(if gift)*

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Board of Director - Stipend

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
*(if gift)*

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
Placer County Flood Control & Water District Board

ADDRESS (Business Address Acceptable)  
3091 County Center Drive, Suite 220

CITY AND STATE  
Auburn, CA 95603

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Flood Control Board of Director

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 461.24  
*(if gift)*

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Director Stipend

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
*(if gift)*

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

Comments: \_\_\_\_\_

**Holly Woods-Andreatta, Council Member, City of Lincoln, CA**

2019 Statement of Economic Interest - Form 700

Attachment Regional Boards

Placer County Flood Control District

Position: Board Member

Jurisdiction: Placer County

Filing: Annual

Western Placer Waste Management Authority

Position: Alternate Board Member

Jurisdiction: Placer County

Filing: Annual